Second Course of Lectures
ON THE
ANATOMY AND SURGERY OF THE HUMAN FOOT.

Delivered at the Royal College of Surgeons of England in June, 1867,

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LECTURE III.—PART I.

MR. PRESIDENT AND GENTLEMEN,—Upon the table before you is a preparation of a foot lately removed by Mr. Wilkes, of Salisbury, to whose kindness I am indebted for the opportunity of showing it to you. The disease is progressive caries, or a chronic withering of the foot, which Mr. Wilkes informs me they have more than once met with lately at his infirmary. It commences in an ulcerating corn in the sole of the foot, gradually invading all the metatarsal bones and phalanges until they are destroyed. The feet at the same time have constant local sweating. Mr. Coates had a similar case, for which he was ultimately obliged to perform Syme's amputation. The following very interesting account from Mr. Wilkes gives the particulars of his case:—

"James G——, aged thirty-nine, a labourer from West Knoyle, Wiltshire, was admitted April 20th, 1867, for diseased metatarsal bones of right foot. The disease began about twenty years since as a painful corn under the ball of the right great toe, preventing him from walking. He cut the corn now and then, and sometimes it bled. It afterwards gathered and discharged for four years, when the first piece of dead bone came away; then it nearly healed. Since that time to the present, pieces of bone have been constantly coming away from the foot, preceded by abscesses; and as the dead bone was discharged the wound would close; so that the foot was never well for longer than two or three months. The largest piece of bone that has come away was about an inch and a half in length—the size of a goose-quill; it came, about one year since, from the middle opening. About ten years since, the left foot became affected in a similar way; pieces of bone came away at various times; it is now quiescent there. It has a withered great toe; the second and third are mere stumps without nails; the fourth has been amputated; the fifth is as yet natural, and the metatarsal bones appear to be sound. From the commencement of the disease (twenty years) his feet have always been sweating, whether winter or summer; and, although often cold to the touch, he has never known what it is to feel cold in them. His feet sweated when no other part of his body did, and when the wounds were discharging they were always very offensive. He is a dark and tolerably healthy-looking man, and has never had any other complaint than these bad feet. His mother and two sisters have had the same disease. They are dead. The mother was about sixty when she died; all her toes were gone, and the feet were always discharging and diseased as long as he can remember. His two sisters' feet were more diseased than his own are now; bone was always coming away. The younger of the sisters was about twenty-two when she died. He cannot tell the causes of his mother's or either of his sisters' death. His father, a brother, and two other sisters are living, and at present are unaffected. I proposed amputation at the ankle-joint to him, in consequence of partial removal of the foot, in a previous case under the care of my colleague Mr. Coates, failing to arrest the return of the disease, whilst Syme's amputation of both feet in his case has been successful. There have been two cases from East Knoyle, and one from Warminster, eleven miles from Knoyle, in the infirmary, which are all that I can remember now."

We now come to an operation having for its object the removal of the anterior portion of the foot at what has been termed the medio-tarsal articulation, or that formed by the os calcis and astragalus on the one part, and the navicular and cuboid bones on the other. In this, known as Chopart's amputation, the os calcis and the astragalus are preserved in their normal positions and the ankle-joint remains intact.

It is very remarkable, observes Velpeau, that the honour of having introduced or originated this operation should have been awarded to Chopart. He never mentioned it until the year 1787; whereas Hecquet of Abbeville in 1746 showed a case to Winslow in which he had removed the fore part of the foot in front of the calcis and astragalus. Vigaroux also asserts that in 1764 he had amputated a foot through the tarsus for gangrene; whilst Lecat not only performed this operation, but systematically published it in the year 1752.

Remarkable as it may have appeared to Velpeau, I have no doubt that the honour of originality has been most justly awarded to Chopart. Vigaroux amputated through the metatarsal bones, and not through the medio-tarsal joint; Hecquet of Abbeville never operated at all; and how Velpeau could have fallen into this error I am at a loss to imagine.

A female residing at Abbeville, four or five months advanced in pregnancy, was seized with malignant fever, and treated by Hecquet. She recovered from this, but was shortly afterwards attacked with intolerable pain in the right foot, for which she again consulted Hecquet. The applications he ordered soothed the pain, but the day after the foot appeared black, cold, and without sensation. In spite of all remedies applied to the foot during four or five months, the metatarsus and toes separated *en masse*, and from time to time the cuneiform, scaphoid, and cuboid bones, until the astragalus and os calcis alone remained. The patient recovered completely, and subsequently went through a natural confinement.

M. Robert, on the other hand, observes that Hecquet of Abbeville showed in 1746 that amputation might be performed between the first and second rows of tarsal bones, on a woman suffering from gangrene (the case I have just narrated), but that no surgeon had since noticed the operation until Chopart described and performed it on the 21st August, 1791, for a case of carcinoma occupying the metatarsal bones and extending between them. He thus, as you will observe, fixes the date of introduction by Chopart at four years later than that indicated by Velpeau—namely, 1791, instead of 1787. And this, in all probability, is correct; since Chelius, who states that it was first foreshadowed by Garengeot and Heister, first performed by Du Vivier, but first described by Chopart, refers to *Fourcroy's Journal* of 1792; whilst Boyer, evidently a great admirer and supporter of Chopart, and who speaks with the authority of personal knowledge, not only fixes the date as the 21st August, 1791, but adds that "Chopart was so modest, and disapproved so much of the practice, so prevalent nowadays, of proclaiming one's name in the journals, that it was only at his (Boyer's) express solicitation that he consented to his case appearing in *Fourcroy's Journal*."

In this case Chopart made two incisions, one on each side of the foot, extending from the astragalo-scaphoid and calcaneo-cuboid articulations as far as the tumour. A transverse incision on the dorsum of the foot then joined these two at their anterior extremities. This flap reflected back, Chopart cut through the extensor tendons and the dorsal ligaments. He next luxated the bones by depressing the front of the foot, and, carrying his knife behind and below the bones, he cut from behind forwards, through the soft parts of the sole, an inferior flap, a little longer than the upper one. Secondary hæmorrhage took place upon two occasions; but, in spite of this, the patient recovered, and left the hospital on the 9th of November, or eleven weeks after the operation, able to walk on that foot as well as on the other.

Boyer himself performed the same operation at the battle of Eylau, on a Capt. Deschamps, who was cured in two months. Capt. Deschamps was afterwards cavalry instructor at St. Germains, and retained the appointment until that school was suppressed. Boyer, who frequently saw him, asserts that the captain walked and mounted his horse with almost as much facility as he ever had done.

Simple as is the description of the *modus operandi* here given, it does not appear that Chopart either published or was governed by any especial anatomical rules in its performance; for although the medio-tarsal is infinitely less complicated, and more easy to disunite, than the tarso-metatarsal articulation, surgeons who more immediately followed Chopart by no means found the operation so easy of execution—indeed, Chopart himself always described it as being very difficult. And it is a fact, says Roux, that, in the year 1799, Pelletan, although he had the skeleton before him, was nearly three

quarters of an hour before he succeeded in disarticulating the joint.

To Richeraud and Bichat belong the honour of having converted this difficult proceeding into a very easy one, by pointing out the value of the tuberosity of the scaphoid bone as a guide; whilst Dupuytren added to this the projection furnished by the head of the astragalus, and the somewhat triangular depression between the two. These points in most instances well mark out the internal extremity of the articulation; whilst the external is found at a spot midway between the projection of the fifth metatarsal bone and the lesser tubercle on the outer side of the os calcis bounding the groove for the long peroneus tendon. We must, however, be prepared for modifications. Thus extensive swelling and thickening may obliterate the scaphoid projection &c. altogether. The presence of a sesamoid bone in the tendon of the tibialis posticus may cause embarrassment; whilst, as Plichon has pointed out, the calcaneo-scaphoid ligament may be completely ossified, as he proved by a preparation which he exhibited to the professors of the Faculty in support of his thesis. In a subject, whilst demonstrating this operation to my class, I found the astragalus not only anchylosed to the calcis, but to the navicular bone also.

Various modifications have been proposed in the performance of this operation. We have seen that Chopart made a somewhat long quadrilateral flap by three incisions, and a somewhat longer plantar flap.

Richerand, instead of a quadrilateral flap by three incisions, made one semilunar incision, convex anteriorly, a little in front of the joint.

Klein and Rust proposed to enter the joint at once on its dorsal aspect.

Blaudin insisted on the necessity of cutting a little in front of the joint, to prevent the head of the astragalus being denuded, as well as to leave the tendons longer, so that their adhesion to the cicatrix might be facilitated.

Poullain, on the other hand, advised two lateral semilunar flaps, commencing from the head of the astragalus above, and terminating at a corresponding point in the sole of the foot.

A great desideratum to the surgeon is to be able to enter the articulation readily, and for this purpose the directions laid down by Chelius appear to me to be ample. "The operator," he says, "places the *tip* of his forefinger *on* the prominence or tuberosity of the scaphoid, and the flat of his thumb *behind* the prominence of the fifth metatarsal bone. A line drawn across the dorsum of the foot *behind* the finger and thumb indicates the joint."

There is a difference of opinion as to the treatment of the bones in this operation. Some surgeons point out the unequal projection of the two bones; others, again, the variation in their relative projection in the different positions of the foot; some, again, regarding the investing articular cartilage with disfavour; others as an agent of safety to the patient. Roux, for instance, observes: "The presence of the articular cartilage does not increase the danger. I agree with Blaudin that it protects the bony tissue; in fact I have seen a case wherein, after medio-tarsal amputation, the flap sloughed; the exposed head of the astragalus covered by degrees with granulations, springing from the circumference to the centre of the wound, without the cartilage undergoing any change, and as the granulations advanced over it they gradually became adherent until they constituted a new cutaneous surface, thin, but very solid. On the other hand, the spongy tissue of the bones exposed by the saw is anything but a security. The membranes investing the cells and venous canals in all directions appear to me of a nature to develop either inflammation followed by necrosis, or phlebitis tending to pyæmia. This opinion, so generally prevalent, should lead (all other points being equal) to the preference of disarticulation over amputation through the bones of the tarsus. This is still more dangerous in young than in old people."

Having already shown how purely theoretical these observations are, I will not dwell upon them further in this place. I will content myself with giving the practical observations of Sir Wm. Fergusson, the result of experience, not theory. "I invariably saw off the exposed articulating surfaces of both astragalus and calcis," observes Sir William. "The annoyance which I have seen from exfoliation of the articular surface of the astragalus, as well as the doubts as to the flap from the sole of the foot being sufficiently long, induced me to adopt this practice, and I have been so well pleased with the results, that for the last six years I have invariably removed not only the end of the astragalus, but also a thin slip from the os calcis;" and he adds, "a similar practice has been followed in Dublin within the last few years."

A Lecture
ON
THE PATHOLOGY OF THE LIVER AND KIDNEY.

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VARIOUS POINTS OF ANALOGY BETWEEN THE LIVER AND KIDNEY AS REGARDS THEIR STRUCTURE, FUNCTIONS, AND PATHOLOGY.

(*Concluded from page 222.*)

ANOTHER important fact common to the liver and the kidney is that the diseases of most frequent occurrence—the inflammatory diseases and the degenerations—have their seat and origin chiefly in the *secreting cells* of each gland. This is a point of great and primary importance; and those pathologists who fail to recognise it make great confusion of the whole subject of liver and kidney disease. It is in the discharge of their functions as excretory glands that the liver and the kidney, in most instances, become diseased. The secreting cell is the essential part of the gland—its most vitally active and sensitive part; and the secreting cell is the first structure to show a deviation from the normal condition when morbid materials are conveyed to the gland through the blood.

There is much that is mysterious in the act of secretion, as in every vital process; but it is a well-established fact that certain cells exert a kind of affinity for particular materials which are conveyed to them by the blood, and, by virtue of this affinity, the cells first abstract the materials from the blood, and subsequently discharge them into the ducts of the gland. The cells of each gland are endowed with the power of excreting certain products rather than others: the liver-cells secrete bile, and the kidney-cells urine. We know little of the precise nature of this power; but we see clearly that it is associated with a particular form of cell. The normal appearance of the gland-cells is as peculiar and characteristic as are the physical and chemical properties of their respective secretions. The cells of the kidney and of the liver, while they are alike in all particulars which constitute them gland-cells, yet differ from each other as much as do their respective secretions—as much as urine differs from bile. It is evident, then, that there is an intimate relation between the structure and appearance of the cells and the nature and composition of their secreted products.

The cells of each gland, besides the constituents of their own proper secretion, have also the power of separating from the blood certain materials which do *not* form a part of their normal secretion.

Many inorganic salts and many odorous and colouring matters derived from the vegetable and animal kingdoms, when introduced into the blood through the stomach, are readily eliminated by the kidneys, and apparently without injury to the secreting cells of the gland. The elimination of other substances is attended with an alteration of the structure and appearance of the cells. For instance, the long-continued secretion of sugar in cases of diabetes generally induces changes in the renal gland-cells. In these cases the epithelium of the kidney becomes opaque, and often contains a large amount of finely granular material with oil. In some instances the urine becomes albuminous, and contains casts of the uriniferous tubes. The persistent secretion of sugar by the kidneys changes the appearance and the vital properties of the renal cells, so that, in adapting themselves, as it were, for the secretion of sugar, they become gradually unfitted for the secretion of urine. The circulation through the gland is impeded; then the kidney becomes congested and the urine albuminous. Suppression of urine is not unfrequently the immediate cause of death in cases of diabetes. The injury which the secreting cells of the kidney sustain in consequence of having to eliminate for a long period large quantities of sugar is one amongst other weighty reasons for keeping a diabetic patient upon a diet which shall tend as much as possible to lessen the formation of sugar.

In cases of jaundice, some of the biliary constituents are excreted by the kidneys; but during the process of eliminating these new products, the nutrition of the renal cells becomes

modified, and the cells are often shed by a process of desquamation. Sometimes, too, the urine contains albumen and tube-casts, in consequence of the congestion of the kidney, which results from the presence of bile in the blood, and its slow and difficult elimination by the renal gland-cells. A short time since I attended a gentleman whose urine for a few hours contained a very large amount of bile, consequent upon obstruction of the gall-duct by a calculus. So long as the urine contained bile, it also contained a large amount of albumen. As soon as the gall-stone passed, the bile resumed its usual course; and as soon as the kidney ceased to secrete bile, the urine ceased to be albuminous.

Various morbid poisons, or the products of morbid poisons, exert a similar influence on the renal epithelium while they are being excreted—e. g., the poison of scarlatina, diphtheria, and erysipelas.

The cells of the liver are liable to precisely analogous changes under the influence of various morbid materials which are conveyed to them by the blood. These changes in the liver-cells, however, cannot, like those in the kidney, be recognised during the life of the patient, and even after death they are less easily demonstrated in the liver than in the kidney; yet they can be shown to occur, and the recognition of these changes in the gland-cells affords the only means of truly interpreting the pathology of the liver and the kidney.

There is a very close resemblance between the diseases of the liver and those of the kidney, comparing them only as regards their general outward character.

A. Fatty degeneration occurs in both, and in both much of the fat accumulates in the gland-cells.

B. Both organs are liable to the same forms of inflammation.

1. Suppurative inflammation is more common in the liver, chiefly because the blood of the portal vein is especially liable to be contaminated by morbid fluids from ulcers in the intestines, &c., and by the products of inflamed hæmorrhoidal and other veins.

2. There is an acute and a chronic form of inflammation which is *not suppurative*, and which in the kidney I have called *desquamative*.

C. That remarkable form of degeneration which has been called *scrofulous*, *lardaceous*, *waxy*, or *amyloid*, occurs in both organs, and has essentially the same characters in both.

D. The so-called fibrinous deposits occur in both, and these deposits are liable to undergo a fatty transformation, and thus give rise to an appearance which has been called local fatty degeneration of the liver and kidney.

E. Cancerous and hydatid tumours occur in both organs; but these are both more common in the liver than in the kidney.

F. Lastly, concretions may be formed out of the secretion of each organ: gall-stones in the liver; urinary calculi in the kidney.

Postcript.—A correspondent has directed my attention to the statement which I have made in the early part of this lecture (p. 221), "that both the bile and the urine are secreted from blood which has passed through one set of capillary vessels."—And he objects that this statement is in opposition to Mr. Bowman's theory, that the liquid portion of the urine is derived mainly from the Malpighian capillaries. What I intended to say was, that the *peculiar solids* of the urine are secreted from blood which has previously passed through one set of capillaries—namely, those of the Malpighian tuft. It is probable that the urine, as it is secreted by the convoluted tubes, has nearly the same consistence as the bile, and that this thick liquid is diluted by the water, which is continually poured from the Malpighian capillaries into the extremities of the tubes.

THE new Poor-law Act, making the Poor-law Board permanent, was issued last Thursday, having received the Royal assent on the previous Tuesday. By the 21st section, guardians may provide for the reception, maintenance, and instruction of adult paupers, being blind, deaf, and dumb, in any hospital; and when there shall be in any workhouse a poor person suffering from mental disease or from bodily disease of an infectious or contagious character, the guardians are empowered to detain such person until further order.

THE hot season in India has been prolific of much special illness amongst the troops of Peshawur and Nowshera. Heat apoplexy has carried off several officers.

OBSERVATIONS ON OPHTHALMIC SUBJECTS.

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No. III.

OPERATIONS FOR ARTIFICIAL PUPIL.—(*Concluded.*)

PARTIAL CLOSURE OF THE PUPIL BY LYMPH, THE LENS AND ITS CAPSULE TRANSPARENT.

Tearing with excision; iriddesis.

Tearing out a strip of the iris, and then cutting it away, is the compound operation chiefly applicable here. The cornea should be opened at the margin, with a small iris knife or broad needle, a Tyrrell's hook introduced, the point carefully inserted into the opening of the pupil, which would necessarily be very small, and an endeavour made to tear out a piece of the iris. Sometimes a thin strip is brought away, which may or may not be snipped off, according to the length of the piece. Sometimes only a fissure is made, and therefore an inadequate aperture; the result depending very much on the condition of the iris, whether it be considerably altered in structure or not; if much damaged, the hook readily tears out. It may therefore be necessary at a future period to enlarge the fissure. The hook is more in contact with the capsule of the lens in this than in any other operation for artificial pupil; yet, if properly made and carefully used, it will not inflict any injury.

It matters not, as far as the performance of the operation is concerned, at which side of the eye the free portion of the pupil be situated, for the stem of the hook can be so bent as to allow the instrument to be used in any direction; but it is better, when the iris is unadherent in a direction not the best suited for a pupil, to disregard any advantage, so far as mere manipulation is concerned, and with the canula forceps make an aperture in the best situation.

The operation "iriddesis" is also applicable here, if not by one tying, by two, at a few lines apart, whereby a triangular aperture is made. It must be mentioned that the iris may be too rotten to be tied.

DIMINUTION OR CLOSURE OF THE PUPIL FROM PROLAPSE OF THE IRIS THROUGH THE CORNEA, OR ADHESION OF IT TO THE CORNEA IN CONSEQUENCE OF A WOUND, A PENETRATING ULCER, A SLOUGH, OR SUPPURATION OF THE CORNEA; THE CORNEA ITSELF MORE OR LESS OPAQUE IN THE CENTRE, THE LENS AND THE CAPSULE TRANSPARENT OR OPAQUE, OR THE LENS LOST.

Cutting or tearing through the adhesions; excision; incision; iriddesis; separation.

Under this head occur the greater number of cases requiring an artificial pupil; and of these the majority arise from ulceration of the cornea and prolapse of a part of the iris. But as, in a surgical point of view, it is the same whether the pupil be lost by prolapse or by mere adhesion of the iris to the cornea, I shall not practically recognise any difference.

When a part of the pupillary margin is prolapsed, the pupillary aperture being merely diminished, the corneal opacity limited, or, if extensive, not so dense as to obstruct light, the iris should be detached from the cornea. The cornea should be punctured, with the smallest iris knife, at the spot where the adhesion can be most readily reached, the blade directed between the iris and the cornea, and applied at once to the part to be severed. If the knife be carried too far and then withdrawn, the aqueous humour will escape, and the operation probably fail. I have torn away such connexion with a blunt hook. Should a large portion of the pupil be adherent, it is impossible to operate by these methods. In such cases I cut through the connexions with a blunt iris-scissors, or sometimes only some of them. Less frequently, I have used the scissors to the utmost, and torn through the remaining adhesions with a blunt hook.

"Excision" is often well adapted. I have made excellent pupils by it.

When the pupil is quite closed, the choice of the operation must depend chiefly on the extent of the corneal opacity, and the state of the lens.

When the lens is present, and supposed not to be opaque,

the question is whether a portion of the iris should be torn away with the capsule forceps, as already described, or Tyrrell's operation adopted—that of incising the iris close to the cornea with the smallest iris knife, and with the blunt hook withdrawing a portion of it, and then cutting it off.

When the lens is absent, in consequence of its having escaped through a wound, or having been absorbed, "incision" is applicable, in combination, perhaps, with "excision."

When cataract is present, the operator must decide, according to the rules already laid down for parallel instances, whether he shall extract it at the time of making the false pupil or subsequently, or whether he shall perform the operation for the pupil, and afterwards treat the cataract by "solution."

When the pupil is closed from extensive adhesion of the iris, and only just the circumference of the cornea is transparent, "separation," or the tearing away of the iris from its natural attachment, is the only resource; for then it would be most imprudent to incise that part of the cornea for the execution of any of the other operations, lest opacity of it should ensue.

"Separation" therefore should be restricted to those cases in which none of the above-described operations can be executed, as it inflicts much injury on the eye, and, according to my own experience, is less successful than any of the methods of making a false pupil that I have described. Besides this, it may be stated in general, that eyes requiring it are most unfavourable for an operation, as they are usually the wrecks of disease, and fall only just within the compass of operative surgery. The cornea, besides having dense opacities from slough or penetrating ulceration, is frequently staphylomatous; and adhesions of the iris to it diminish, or even destroy, the anterior chamber, whereby the operation is rendered very difficult.

To perform the operation of "separation" the cornea should be divided obliquely with the second-sized iris knife, opposite, or as nearly as possible opposite, the portion of the iris to be detached, and so far only from its margin that, when enough of the iris is torn away, it shall readily reach the incision, so as to allow of a part of it being withdrawn, and cut off or strangulated. If the incision be very far, too much will be separated. The next step is the important one of extracting the piece of iris. The canula forceps are very applicable, and I have used them with perfect satisfaction. They are far preferable to the hook, because they more certainly retain the tissue of a diseased iris, and are less likely to injure the capsule of the lens, and are easier withdrawn. The hook that I have employed is the ordinary "lens hook" sometimes used in the operation for cataract.

Whichever be the instrument selected, it should be carried in front of the iris to the margin, where it is implanted and separation effected, and as the circumference of the iris is a little behind the sclerotica, the extremity must pass out of sight to seize it. Then the instrument must be kept close to the cornea while being withdrawn, lest the capsule of the lens be injured. When the hook is used the withdrawal through the cornea requires adroitness, and unless the aperture be ample, the iris will probably be shaken off; the size should, therefore, bear some relation to that of the hook, being, of course, always much larger.

There is greater uncertainty in the execution of separation than in any of the foregoing operations. Instead of a portion of iris of the required size separating, a mere strip of it may give way, or, what is more common, the instrument may tear out without effecting any separation.

I must consider in this place that displacement of the pupil, and generally, too, that diminution of it, which may occur after the operation for "extraction," and which is nearly always produced by prolapse of the iris. When the aperture is very small, and the iris therefore tense, I have enlarged it by simple "incision" with the knife. When, although perhaps large enough, it has been too much displaced to be of full benefit—that is, by being concealed under the upper eyelid, "incision" with the knife is not generally applicable, but it may be done with the scissors. I divide the cornea to the required extent with the cataract knife, and with the scissors I make a snip in the centre of the free edge. I have had occasion to adopt "excision."

There are a few topics that may for convenience be introduced here as concluding general remarks.

The classification I have made has been solely for the sake of perspicuity and brevity, and I hope it has been made sufficiently clear, that the choice of any particular operation must be based on a careful examination and analysis of all the particulars of the case. The peculiarity in each instance must be the guide to the method most suitable.

An operator should not follow implicitly any rules that have been given, if he should deem it advantageous to depart from them. I profess to give only general principles. It is practically impossible to supply minute details for the guidance of a beginner in any class of operations.

The success of a case must often depend on the manner in which the corneal incision is made, whether sufficiently ample or not, and the selection of the best position for it. If it be too narrow it should at once be enlarged with the secondary knife, and if it be more convenient to make the incision at the line of junction of the cornea and the sclerotic, or even through the sclerotic half an inch behind the cornea, such spots should be chosen.

When the size of a pupil is a matter of consideration, it should be remembered that "excision" invariably gives the largest aperture. The smallest is mostly got when a piece is torn out of an adhering iris.

The bleeding which may ensue is sometimes a hindrance to the subsequent steps of the operation. If it be limited in quantity, slight pressure on the cornea may squeeze enough out to clear the objects. If the hæmorrhage continue, the operation should be suspended, and pressure applied on the eye by cotton wool and a bandage. If blood be poured out into the chambers of the eye after an operation, supposing it to be confined there and to have ceased to flow, there need not be any apprehension. I am not aware that it is attended with any disadvantage; it is soon absorbed, and does not require any special treatment.

If an artificial pupil should close, and the eye be not too much damaged by the inflammatory action that has closed it, a second attempt may be successful. I have known a third required before a result was obtained. It is possible that atropine may be beneficial after operating, by keeping the edges of the pupil more apart. It should always be used, except when a part of the iris has been left strangulated.

The after-treatment is the same as when the operation for "extraction" has been performed, the most important points being the quiet of the patient, perfect rest to the eye, cold lotions, and, if there be pain, opiates.

Brook-street, Aug. 1867.

REPORT OF A CASE OF

LACERATION OF THE DIAPHRAGM; RUPTURE OF THE LIVER AND RIGHT KIDNEY;

DEATH ON THE TWENTY-SECOND DAY; AUTOPSY.

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THE recent publication of an interesting paper on "Injuries of the Diaphragm," by Mr. Solly, has induced me to record the following case, with the kind permission of Mr. Marsden, under whose care the patient was admitted.

It will be observed that the patient lived twenty-two days after the following severe injuries—viz., laceration of the diaphragm, and rupture of the liver and right kidney. The progress of the case will explain by what means Nature was attempting to repair these injuries. Indeed, she had to a certain extent accomplished the task, when, by an accident, the damaged liver became displaced, and the patient died immediately from secondary hæmorrhage. The post-mortem appearances leave no doubt in my mind that but for this circumstance the man might have recovered.

Thomas M——, aged forty-six, a stout-built navvy in the employ of the Metropolitan Railway Company, was admitted into the Royal Free Hospital on the 23rd of May, 1866. While excavating, a mass of earth gave way, crushing him to the ground. When admitted, he was in a state of extreme collapse, and completely doubled up. He kept both hands pressed firmly upon his abdomen, and appeared to be suffering greatly. He lay on his right side, with his knees drawn up. Now and then he attempted to move, but this increased his pain, and produced great embarrassment of breathing. He remained in this state for forty-eight hours, the pulse being so feeble that

it could not be counted, and the breathing short and difficult. He was, moreover, completely blanched. During this period he passed a large quantity of blood intimately mixed with the urine. Every attempt to move was followed by alarming dyspnœa, lividity of the face, intermission, fluctuation, or absence of the pulse at the wrist, and an extremely anxious expression of countenance. He lay on his right side, supported by a bed-chair. Wine and opium were administered freely; and, in combination with the opium, two-grain doses of acetate of lead every four hours, until the hæmaturia ceased.

May 26th.—For the first time he passed a comfortable night. Pulse 100; respiration 40, entirely thoracic, and effected by muscles of forced inspiration. Puerile breathing in left lung. Left arm fixed to side. Complained of a dull, aching pain, referred to the right side. Right side of chest motionless. Coughs with the least movement of the arm or body. On percussion, the left side of the chest was found to be resonant to within an inch of the sternum. The dulness extended *upwards* in a line drawn through the cartilages of the ribs and clavicle; *downwards*, as far as the ensiform cartilage; and *backwards*, as far as could be determined without disturbing the patient. Urine free from blood; specific gravity 1022. Bowels inactive.

29th.—Has continued to improve since last date. Bowels have acted naturally. Pulse 90; respiration 30. With great care he was lifted up to allow of the back of the chest being examined. The dulness on percussion was found to extend inferiorly to the lowest rib (on the right side), beyond the spine, encroaching an inch on the left side through a line drawn vertically. The left chest was resonant, excepting at those parts where the fluid dulness of the right side encroached. The vesicular murmur heard throughout left side of chest where resonant. Measurements of chest: Left side, 18 inches from spine to mid-sternum; right side, 21 inches. This examination, although conducted with the greatest care, seemed to distress the patient, and he was therefore placed in the old position. With regard to treatment, he took strong beef-tea, milk, and light food, with six ounces of port wine daily; and five grains of carbonate of ammonia in an ounce of decoction of bark thrice a day.

31st.—Improving. Pulse 80; respiration 25. Takes his food; sleeps tolerably well. Bowels act daily, and the urine is normal. Not allowed to move from the semi-recumbent position. Chest symptoms the same.

June 4th to 8th.—Continues to improve in strength. Physical signs as before. Takes solid food, eight ounces of meat daily; with beef-tea, wine, &c.

14th.—This morning he expressed himself so much better that he wished to get up and about. He had now greatly improved in health and appearance, but was still unable to lie on the left side. Coughing was immediately brought on by moving in bed or otherwise shifting his position. The breathing was entirely carried on by the left lung, and the bulging and percussion dulness were not diminished on the right side. He was cautioned to keep quiet, and was carefully watched. About eleven o'clock at night the nurse summoned me, saying that he was suddenly taken worse; and before I could reach the ward he was quite dead, being completely blanched. It was apparent that internal hæmorrhage had proved fatal. He had been restless a little time previously, and had had several severe attacks of coughing.

Autopsy, twenty-four hours after death.—Right pleura full of fluid, clots of blood, and flakes of organised lymph. The lung was compressed against the apex of the chest. The liver was resting with its right lobe partially in the chest, through a rent in the right wing of the diaphragm five inches in extent (the rent extending from before backwards). The liver was twisted so that the right and posterior borders were turned upwards, and it was partly torn away from its peritoneal ligaments (right lateral and part of coronary). Its upper surface was turned forwards, and was covered with layers of false membrane in various degrees of organisation. Apparently corresponding were seen layers around the margin of the rent in the diaphragm. It appeared that the upper surface of the right lobe of the liver had, at the time of the original accident, been pushed through the rent in the diaphragm, and thus had closed the pleural sac; and that death was produced by the dislocation of the liver from its false position. There was also a laceration at its upper and posterior surface, three inches in extent: this was the source of the hæmorrhage. The right kidney showed a recently healed wound, about an inch in extent. There were also the remains of effused blood around the kidney. The other organs were healthy.

Guildford-street, June, 1867.

ON A CASE OF HYDATIGINOUS DEGENERATION OF THE OVUM.

BY WM. ALLAN JAMIESON, M.B. EDIN.

THE form of molar pregnancy above-mentioned is sufficiently rare to invest cases of its occurrence on that account with a degree of interest, and there are etiological points connected with it which render the study of individual instances important. To Dr. Bernard Haldan, with whom I was lately associated in the charge of Preston Workhouse, I am indebted for the opportunity of publishing this example.

Sarah E——, aged twenty-seven, married, a cotton-spinner, was admitted into Preston Workhouse on May 16th, 1867. Her last child was born a year and eight months ago, and since then she has had no miscarriage. Menstruation was regular till about the beginning of January, but for the last two months she has always had more or less of a coloured discharge. About the middle of April, being much exposed to cold in going to and returning from her work, she had a rigor; and towards the end of the month she noticed that her legs swelled. Her urine, she said, was at that time scanty and high-coloured, but she did not remember having felt any pain in her loins. She did not apply for medical advice, but continued at work till the 11th of May, when, feeling extremely weak, she got an order for the workhouse.

On admission she looked anæmic, and there was great œdema of the legs and thighs. She coughed a good deal. There was slight comparative dulness, with harsh respiratory murmur under the left clavicle, and some fine crepitation audible at both bases posteriorly. Pulse 82, weak. At the base of the heart both sounds were rougher than natural, without any distinct murmur. Tongue clean; appetite good; rather thirsty; bowels regular; urine scanty, acid, specific gravity 1027, highly albuminous; it contained a few hyaline and finely granular casts, and one or two blood-discs, which, however, may have come from the vagina. The os uteri was softened, patent; cervix little developed; a dark-brown, watery, non-offensive discharge escaped from the os. The uterus reached to the umbilicus, and the placental souffle was distinctly audible to the left of the fundus. She was ordered full diet, a sinapism to the chest, and a mixture, containing iron, digitalis, and nitrate of potash, three times a day. The mustard poultice relieved the cough, and the treatment was continued for four days.

At five o'clock on the morning of the 21st profuse uterine hæmorrhage came on, and I was sent for. I saw her shortly after six. She was in bed, extremely pale, and sighed occasionally, but her pulse was pretty good, and she did not complain of feeling faint. A little brandy revived her considerably. Some clots occupied the vagina, and amongst them, when removed, was a mass of uterine hydatids. On passing my hand gently into the vagina I found the os sufficiently open to admit my two fingers. As far as I could reach, the uterine surface was smooth, and through the os hung a bunch of cysts. Large quantities of hydatids were expelled; but the contractions of the uterus gave her no pain. By seven o'clock, after about a washhand-basinful had been voided, the uterus seemed quite empty, and could be felt fully contracted, well down in the pelvis. No trace of a fœtus could be discovered among the cysts. The portion of placenta by which the whole had been attached to the uterus was about the size of the hand. The individual cysts varied in magnitude from a millet-seed to a sugared almond. Some hung free by a slender pedicle; others were attached to the walls of larger cysts. They were perfectly transparent, and contained a colourless fluid, alkaline in reaction, which gave an appreciable coagulum with nitric acid. Their wall was composed of a structureless membrane, lined in some instances with fine fatty granules.

The medicine was now discontinued, and she was put on milk diet. On the following day she was rather feverish, and her face, especially under the eyes, was œdematous. The urine contained a little albumen. She was ordered fifteen grains of citrate of potash, in a wineglassful of water, every four hours. By the 26th of May the urine was free from albumen, and all œdema had disappeared. Her cough was gone, and the respiratory sounds nearly normal. Her face and lips were still very pale; and there was now an anæmic murmur audible at the base of the heart. She was again put on full

diet, with the addition of a pint of porter daily; and when I last saw her, on the 15th of June, she said she felt quite well.

I think that, in this case, there can be little doubt that the hæmatids took their origin from degeneration of the chorionic villi, according to the now pretty general opinion. The fact of her last child having been born twenty months before is against the supposition that they could have arisen from a portion of placenta retained after a previous labour. Another interesting point was the occurrence of efficient uterine contractions without pain, as I ascertained to have been the case by questioning her as to her sensations while I felt the uterus contracting under my hand.

Berwick-on-Tweed, Aug. 1867.

SUICIDE OR MURDER.

NOTE IN MEDICAL JURISPRUDENCE.

BY ROBERT BIGGS, ESQ., M.R.C.S.E.,
DEPUTY CORONER FOR NORTH SOMERSET.

AN inquest which I have recently held appears to me to possess so much medico-legal interest as to justify my placing it upon record in your columns.

On the 19th instant, as a boy who had been bathing in the river, about three miles from Bath, was dressing himself, he observed a young man about twenty years of age walking along the river bank towards him, with his eyes fixed on the ground, his chin resting on his hand, and his whole manner denoting deep thought. He passed the boy without even appearing to have seen him, and walked on through one of the land arches of a bridge about forty or fifty yards off, and was then lost to view. About two minutes afterwards the boy heard the report of firearms—of a gun, as he thought, from its loudness,—and thinking that some one was shooting birds, he hastily finished dressing, and ran through the arch to see what was going on. He there found a man lying on the river bank, close to the bridge, apparently asleep, with his feet nearly touching the water; and on going closer, he recognised it to be the body of the man who had passed him, quite dead, with, as the witness expressed it, "his head blown to pieces." He gave an alarm, and the police were soon on the spot, and took charge of the body. It was shortly identified as that of a young man, an apprentice to a tradesman, who, after attending divine service on the previous evening, did not return home as usual to his master's house. There could be no doubt in the case that deceased had committed suicide. From the condition of the face and skull, it would appear that he must have placed the muzzle of a pistol at the root of the nose, and discharged it, as the nasal bones were torn from their articulations, and much comminuted, and the frontal and parietal blown off and broken into small fragments, which, together with the greater portion of the brain, were scattered about on and around the body. The left hand was blackened, as if from the discharge of a pistol. In the right-hand pocket of deceased's trousers was found a pistol, loaded to the muzzle and capped. It contained a double charge of powder and two slugs. The weapon with which the act had been committed was afterwards found in the river about a yard from the bank, and would appear to have been as heavily loaded as the one found in the pocket of deceased, as the nipple was blown out.

Evidence satisfactory to the jury was given that deceased had laboured under religious monomania, and they returned a verdict of "Suicide while in a state of temporary insanity."

The feature in the case to which I wish specially to draw the attention of the profession is one which I have not seen noticed in works on Medical Jurisprudence. The evidence of the police sergeant clearly showed by the position of the body that deceased had placed himself in such a situation close to the river that the effect of the discharge of the pistol would, in all probability, be to cause him to fall into the water (most likely with the view of shortening his sufferings by drowning in case of the shooting not proving immediately fatal), and it was only by the chance of his falling to the right side, instead of forward or to the left, that this did not happen.

Now supposing this to have occurred, and the body to have been discovered a few days later, and some distance down the stream, with injury to the head such as I have described, would it not have been a fair presumption that deceased had been murdered, and his body thrown into the river, the more so as no coin or other article of value was found upon his person? And further, is it not probable that a surgeon examining the body would conscientiously have given an opinion that the injury could not have been self-inflicted, unless deceased had afterwards been thrown into the water?—a contingency of a very unlikely nature.

The case is a singular one, as showing what great caution is necessary in appreciating the value of circumstantial evidence, as also to medical men in forming an opinion as to the origin of injuries found on the bodies of persons apparently drowned.

Bath, August, 1867.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

GUY'S HOSPITAL.

CASE OF ANGINA PECTORIS, IN WHICH THE NITRITE OF AMYL WAS USED, WITHOUT BENEFIT.

(Under the care of Dr. HILTON FAGGE.)

THE chief interest attaching to the following case lies in the employment and failure of nitrite of amyl as a remedy for what is perhaps the most distressing of all affections. We are indebted to Mr. A. R. Ticehurst for a report of the case.

G. R——, aged fifty, admitted into the clinical ward on the 6th of August, 1867. He is a temperate man, and does not smoke. A medical man who had formerly attended him states that "some years ago he had an attack of genuine hysteria, and a year and a half since a severe attack of epilepsy, after which he suffered from slight paralysis;" from this he recovered, and has since been in good health. The first time he experienced symptoms resembling those under which he now laboured was on Aug. 1st, when he woke up about half-past three A.M. almost suffocated, and with great pain at the heart. This passed off in a short time, but he has not felt well since. He attributes the present attack (Aug. 6th) to running up the Deptford station steps this morning. When he got to the top, his heart seemed to stop, and he could not get his breath. He then thought he was going to die. He was not, however, seized with any paroxysm till eleven A.M.; at that time he was writing at his office desk, when his heart seemed to flutter, he felt sick and faint, with great pain at the heart, his breath seemed to stop, and he fell back in his chair almost unconscious. Brandy was administered, which relieved him for a few minutes; but he soon had another attack, and kept on having them at intervals of a few minutes up to his admission, about three P.M. They were accompanied with great pain down the left arm, extending to the fingers' ends, seeming to go right through the bone, and numbing the whole arm.

Condition on admission.—The patient is a tall, well-formed man. The heart-sounds are normal. On being brought into the ward, he had several attacks of severe pain and distress in rapid succession. In these attacks the face flushed somewhat. He writhed about in agony, pressing one hand over the heart, or seizing his breast in his fingers. He sometimes cried out, "Give me air!" "I must breathe!" "Oh, my God!"—at the same time trying to sweep away with his arms those who were standing by him. He more often remained quite silent. The eyes were half closed; the eyebrows contracted, so as to give the idea of great distress. The pulse (100 in the intervals) became quicker, but remained quite regular. He often drew himself up into a position of almost opisthotonos, or twisted himself round so as to bury his face in the pillow. As the attack passed off, the breathing became deep and frequent; he hiccoughed two or three times, or retching came on, and he fell back exhausted on the pillow.

During the first attack, after he was put to bed, ten drops

of the nitrite of amyl were poured on a piece of lint, and given him to inhale. The face very quickly became flushed (more so than when the attack alone flushed his face), and of a purple colour. The attack was coming on when this was given him, and it did not appear to be affected in duration. Afterwards another dose was given him. At this time no fit appeared to be immediately depending. The face flushed in less than a minute, and a severe attack came on. It was not thought desirable to repeat the inhalation. A good deal of the fluid remained on the lint after it was removed, and the quantity inhaled each time was, therefore, much less than ten minims. After this he lay quiet, and expressed himself as better than he had been all day. No attack came on again till about thirty-five minutes past four—nearly an hour after the cessation of the previous one. He was ordered to take immediately, in an ounce of water, a drachm of the solution of acetate of morphia (P.B.) and fifteen minims of compound spirit of ammonia. This was given to him about twenty minutes past four P.M. The attack at thirty-five minutes past four was altogether of near fifteen minutes' duration. It seemed slightly less severe than the previous ones. He remained quiet after this, and appeared easier till half-past six, when he had another attack, and also one at seven; but they were both decidedly milder than any of the others. He had an attack of sickness about half-past seven; but it passed off without causing him much distress. He was ordered beef-tea, &c.

Aug. 7th.—The patient slept pretty well during the night, after repeating the draught. He had a slight attack at half-past six A.M. The ether, he says, has made him rather bilious, as it always does. He took some beef-tea and arrowroot during the night. Urine sp. gr. 1012, normal. Had a severe attack at half-past nine A.M., and the nurse applied cold water to his forehead, which seemed to relieve him directly. At ten A.M. he was altogether quieter; pulse 77. He had another slight attack at six P.M.; but it passed off upon cold water being applied. To have fifteen grains of carbonate of soda, twenty minims of compound spirit of ammonia, and a drachm of tincture of hyoscyamus, to an ounce of water, every four hours.

8th.—About four A.M. he had a very severe attack, which was immediately relieved by the application of cold water. He slept very well until the attack occurred, and also afterwards. Pulse 84; bowels not relieved since admission.

9th.—He passed a very good night, and has not had another attack. Pulse 78. Ordered immediately an ounce of compound decoction of aloes.

On the following day (Aug. 10th) he was allowed to leave the hospital.

Dr. Hilton Fagge remarked that, although this case differed in some respects from the accounts of angina pectoris given in medical works, there could be no doubt that so good an example of the disease was very seldom seen in hospital practice. The patient was restless during the attacks, and seemed to feel a want of air and to have a dread of suffocation hardly belonging to typical angina pectoris. None of those who saw him in the attacks felt any doubt as to the genuineness of his symptoms, although the statement of a former medical attendant that he had suffered from an attack resembling hysteria might suggest to those who read this report the idea that he probably exaggerated his sufferings. But Mr. Stocker, as well as Dr. Fagge, who watched the case from the time of admission, felt great anxiety as to the result. Apart from its interest as an instance of a form of disease which in hospitals is very rare, the case had an importance at the present time from the fact that it afforded an opportunity for the administration of the nitrite of amyl, which has recently been recommended in this and similar affections by Dr. Lauder Brunton.* Dr. Fagge could not say, however, that the inhalation of this substance appeared to do any good to his patient. It was twice inhaled—once when an attack of the pain was coming on, and once during an interval. It rapidly produced its remarkable physiological effect of flushing the face; but on the first occasion it failed to modify the attack which had been impending, and on the second it appeared to bring one on. It was considered that it would be dangerous to make any further trial of the nitrite. The failure of the remedy in this instance is, of course, no proof that it may not prove of value in other cases, particularly as the name of angina pectoris, as now used, appears to embrace affections in which the symptoms are not perfectly similar, and which may therefore be essentially different from one another. It may be worth while to draw attention to the fact that the patient experienced great relief from the application of cold to the forehead.

* THE LANCET, July 27th, 1867, p. 97.

HOSPITAL OUT-PATIENT PRACTICE.

WHITLOW.

CONTINUING our glance at the out-patient departments, we present our readers this week with a few notes of the treatment pursued in cases of Whitlow at some of the hospitals.

MIDDLESEX HOSPITAL.

Amongst the out-patients of the Middlesex Hospital Mr. Lawson has remarked that the frequency of whitlow varies considerably. At one period of the year the disease may be of frequent occurrence, whilst at another it may be comparatively rare. In speaking of whitlow, it is the deep or severe form to which he refers: the treatment of a superficial whitlow is self-evident. The causes which produce whitlow may be local or constitutional; but the majority of cases are due to the latter. A slight injury, such as a scratch or a prick with a rusty nail, may have been the immediate excitant; but had the health of the patient been good at the time of the accident, the probability is that no severe after-effects would have followed. At certain times when boils are prevalent, and the tendency of disease is to assume a low type, whitlows are common in the out-patient rooms of the hospitals. They should always be regarded as evidences of low power, and in considering the treatment of them this fact should be borne in mind.

When a whitlow threatens, the patient should, if possible, strike work; and a purgative should be given to clear the bowels of all irritating matter, as a preliminary to the tonic treatment which is to follow. The mineral acids with bark nearly always do good; or their use may be preceded by diffusible stimulants, such as ammonia and chloric ether. Depressants are uncalled for, and will probably do harm. Warmth should be applied to the finger by linseed-meal poultices, changed two or three times a day; and, with each change of the poultice, the part should be soaked for at least a quarter of an hour in hot water. The warmth is grateful to the patient, and generally does good.

The most important points, however, in the treatment of whitlow are: 1st, to ascertain when pus has been formed; and, 2ndly, to give vent to it by a free incision.

The sense of fluctuation, which is usually one of the prominent symptoms of the presence of pus, cannot be appreciated when the matter is in the extremity of the finger or thumb. The natural elasticity of the part is so deceptive that it may be easily mistaken for fluctuation. The only reliable guides for determining the existence of pus in cases of whitlow are tension and pain. The cushion of the finger or thumb becomes hot and swollen, more or less tense, and exquisitely painful. The slightest touch aggravates the pain, which is of a throbbing character, and so severe as to destroy sleep. Such symptoms are diagnostic of pus, and a free opening should be at once made to give vent to it. The incision should be in the mesial line of the palmar surface of the finger or thumb, and of a sufficient length and depth to give a free escape to the pus. A warm linseed-meal poultice should be then applied, and the fomentations with hot water repeated from time to time.

Much might be said about the neglected whitlows which are often met with amongst the out-patients. The suppuration has been allowed to go on undisturbed; and no exit for the pus having been made, it either works its way to the surface by progressive ulceration, or it burrows beneath the palmar surface of the finger and thumb, in some instances extending into the palm of the hand. Even when the pus makes its way to the surface, there is always considerable destruction of the overlying tissues, and very frequently necrosis of the last phalanx. In treating such cases it is advisable to save the nail, and as much as possible of the end of the finger or thumb. By waiting patiently, the necrosed bone will become loosened from its attachments, and it may generally in the end be lifted away with a pair of forceps, and a very useful finger will be the result. Amputation should not be performed simply because the last phalanx is necrosed. It can always be resorted to after the other plan of treatment has been tried and failed. There are, however, cases of neglected whitlow in which amputation of the finger or thumb is the only treatment which can be rightly pursued; but these must be regarded as rather exceptional.

WESTMINSTER HOSPITAL.

Mr. Power holds that there is no sufficient evidence of there

being but two distinct forms of whitlow—the superficial and the deep-seated (onychia maligna); but that there are many degrees of inflammation, the severity depending essentially on the state of the patient's general health, and partly also on the cause and on the condition of the part itself. The disease commonly appears as a consequence of some slight injury, as a punctured wound; or results from disordered bowels, insufficient or unwholesome diet, night watching, or other depressing condition. If the patient be otherwise healthy, and the skin, as in young persons, be thin and delicate, the affection, which is to be regarded merely as a boil, requires but little treatment. The bowels should be opened with a dose of compound jalap powder, a black draught, or castor oil. The hand and arm should be kept raised in a sling, and the finger, and even the hand, enveloped in a poultice of linseed-meal, with a view of softening the skin, of allowing swelling to take place more readily, and of facilitating the bursting of the little abscess. When this has occurred, the symptoms immediately remit, and quick recovery follows. Incisions are not needed in such cases; on the contrary, they do harm. If made, a drop of bloody pus exudes, and a reddish, vascular, fungous growth springs up, the pain recommences, and what would otherwise have been superficial and slight becomes deep-seated and severe.

When the formation of matter occurs under the nail or beneath the horny skin of the finger of the artisan, a different line of treatment must be adopted. Here the pain is very severe; and the matter, when formed, must creep and burrow beneath the skin or nail, and may easily, by the pressure it exerts, cause the ungual phalanx to die. General treatment is of little service; but the skin should be softened by the application of a poultice for a few hours, and a free incision be made. Water-dressing may then be applied; and if any recurrence of the inflammatory symptoms is observed, the whole of the finger should be well rubbed over with the solid nitrate of silver.

Finally, in very unhealthy subjects, when the disease has lasted for some time; when the subcutaneous connective tissue is infiltrated with matter, the skin raised in vesications, the finger, hand, and arm swollen, with red lines extending up the forearm, indicating the position of the lymphatics, and the gland at the elbow or those of the axilla swollen and painful, the use of the knife is indispensable, and the incision should be free and deep. If the bone is felt bare and necrosed, the whole phalanx should be removed at once; if not, it may be left, though it will generally necrose subsequently, when the inflammation has been so severe. The sheaths of the tendons should not be opened too far. They may recover their functions.

As regards general treatment, opium and sedatives are of little service. Common sense will dictate whether abstinence should be enjoined, or wine, full diet, and tonics administered. Persistent fistulous orifices indicate the existence of a portion of dead bone, which must be cut down upon and removed with forceps, or, if necessary, with cutting pliers.

ST. BARTHOLOMEW'S HOSPITAL.

At this hospital a large number of ill-nourished young women, mostly sempstresses or engaged in domestic service, apply for relief, suffering from the cutaneous or subcutaneous forms of whitlow. These varieties of the disease, where the inflammation begins in the neighbourhood of the nail, and limits itself to the last joint of the finger, Mr. T. Smith treats by the administration of tonics, and locally by poultices or water-dressing, leaving the patient to decide whether the pus shall find its own way to the surface, or an earlier relief from pain shall be procured by incision. He believes that in any case where the matter is near enough to the surface to be seen through the skin, no other harm than some additional pain is caused by allowing the abscess to open spontaneously. He is in the habit, however, of opening early by incision the deeply-seated subcutaneous whitlows that occur over the last phalanx, in order to diminish the risk of necrosis. Should necrosis occur, the bone, when thoroughly separate from the soft parts, is drawn out through some already existing sinus, or through an incision made just beneath and parallel to the free edge of the nail. Tendinous whitlow occurring on the first or second phalanges, Mr. Smith treats locally by early and free median incisions on one or both aspects of the finger. In any form of whitlow, when once there is a free exit for the pus, Mr. Smith recommends at the first the temporary and then the permanent discontinuance of the poultice, as tending in this stage to prolong and increase suppuration.

UNIVERSITY COLLEGE HOSPITAL.

Mr. Berkeley Hill commonly confines his treatment to incisions carried through the cuticle in the cuticular and through the cutis in the subcutaneous variety, rest in an elevated position, hot fomentations, and poultices (purging and antiphlogistic remedies have often been already adopted by the patient before his application at the hospital); and good diet with quinine and iron are ordered. In the majority of cases, necrosed phalanges, thecal abscesses, with sloughing of tendons or destruction of the articular surfaces of the phalangeal joint, rarely require any treatment beyond rest on a straight splint, and the removal of the necrosed parts as they become loose. Amputation of the fingers is very seldom necessary. After the fingers are healed, if tolerably straight, they are less unsightly than a hand minus a finger.

THE NEW PACK.

THE necessities of modern warfare have led to the search for some better provision for the carriage by the soldier of a large supply of ammunition, so as to enable him to take full advantage of the rapidity of fire now demanded in the field, and, moreover, to relieve as far as possible all restraints upon his marching capacity and enduring powers. We gave in THE LANCET of April 6th, p. 420, the particulars of a new form of knapsack, which is now on its trial at some of the military camps, and seems to have given great satisfaction. We are enabled this week to give representations of the back and front view of the new pack as worn. The weight of the kit, filled

with 90 rounds of ammunition, will vary from 20 lbs. to 23 lbs.; that of the apparatus for carrying different articles is reduced to 4 lb. 3 oz. from 10 lb. 2 oz. The ammunition is carried in pouches distributed over the front of the body. A bag takes the place of the knapsack, and is worn low down, so as to give free action to the muscles of the shoulder, and it is suspended by means of a yoke, on the principle first suggested by Sir T. Trowbridge. The weight of the bag is distributed in three directions—on the yoke, the sacrum, and the waist-belt in front. The great coat is folded on the back, and attached to the yoke by a strap. The illustrations will readily show these several particulars. In a medical point of view the advantages are great; and if further experiment confirm the favourable encomiums already passed upon the new pack, the sooner the old cross-belt arrangement is dispensed with the better. Of all the packs of all armies produced before the Committee appointed to inquire into the equipment of the soldier, that of the British army was, we understand, considered to be the worst.

THE

ANALYTICAL SANITARY COMMISSION.

No. I.

ON CLARET AND BURGUNDY.

THE present is the first of a series of articles on the great and important subject of Wine. In it we intend to treat chiefly, but not exclusively, of the Red Wines of France, its Clarets and Burgundies. In other reports we propose to include the wines, both red and white, of other countries, as those of Germany, Hungary, and Greece.

The subject of wine is so extensive that it will be impossible for us in the compass of a few reports, necessarily of a limited character, to discuss it in its entirety, and in all its aspects, commercial, analytical, physiological, hygienic, and moral. We propose, however, to dwell at some length on the questions of the purity, composition, and properties of the wines to the consideration of which this report is confined.

It has been of late years very much the custom to decry and abuse the wines of Spain and Portugal, and the statement has been widely promulgated that the sherries and ports of those countries never reach Britain except in an adulterated form. On the other hand, statements nearly equally strong have been advanced as to the purity and wholesomeness of what, in contradistinction to the strong, are known as "light" wines. In a certain and restricted sense, there is no doubt much truth in the averment that the wines of Spain and Portugal are adulterated—that is to say, that they contain variable, and often considerable, quantities of added spirit. In other respects, in very many cases these wines are unexceptionable, as in regard to the quality of the grapes from which they are made, the care bestowed upon the process of their manufacture, and the richness, fulness, and delicacy of their flavour. It is no less certain that the case in behalf of the light wines has, on the whole, been overstated: they are almost invariably described as models of purity, excellence, and wholesomeness. But the fact really is that a large proportion of the wines of France, as of most other countries where wine is extensively produced, is liable to great and often complicated sophistication. We will endeavour to convey to the reader, in as few words as possible, a notion of the practices not uncommonly resorted to. Some of these may be allowable, but there are others which are wholly unjustifiable. Thus wines that are *turbid* are fined, cleansed, or clarified usually by means of a solution of isinglass, white of egg, or blood. Wines that are *over-acid*, have their acidity diminished by the addition of alkalies, as carbonate of soda; or the sourness is in part concealed by means of sugar. The *stronger* wines are often diluted with *water*. Those that are too *weak* have their strength increased by the addition of *alcohol*, which is rarely or never that obtained by the fermentation of the grape, but usually a spirit procured from grain, beet-root, or even the potato.

In those cases in which the wines are intended for consumption in this country, although they may not be too weak to keep, *spirit* is not unfrequently added, to meet, it is affirmed, the national taste, or rather failing, for strong wines.

Wines, both white and red, which are deficient in *colour*, have it increased, in the case of white wines, with an extract made from highly coloured wines or very ripe grapes, or even burnt sugar; and in that of the red wines, with either a similar extract prepared from the red grape or from elder-berry juice.

Occasionally sugar is added to the unfermented grape-juice to increase the fermentation and augment the quantity of alcohol generated.

Again, wines that are deficient in *astringency* have it increased by being mixed with a rough and strong wine, or even by the direct addition of tannin.

Another practice, which may be termed universal, and which prevails to a large extent in France, is the *blending* of wines. By this mixing, two different objects may be accomplished. One of these is, the correcting of certain faults which the wines may possess before the operation. Thus a weak wine may be fortified by being mixed with a stronger; and a dry, harsh wine may be softened by the addition of a rich saccharine wine. Another purpose attained by blending is the fabrication of certain descriptions of wine, without any, or with only a small proportion, of the real wine imitated being used.

Although it is not desirable to quote all the allegations advanced in books relating to the adulteration of French wine, it will be proper, in corroboration of some of the foregoing statements, to make a few extracts from certain official sources of information.

First, as to the *quality* of the wines of France, apart from adulteration—

Viscount Chelsea, in his report presented to Parliament "On the Effects of the Vine Disease," states:—"Falling off in quality and diminution of price have ensued as the natural consequence of so great an increase of production as has been described. It results from the evidence, then, that, leaving finest growths out of account, and which are confined to very small districts, the quality as respects the vine has degenerated in France; that it has lost in flavour what it has gained in fecundity; and that the adoption of the new methods of cultivation, the introduction of the commoner sorts of grape, and the abuse of manure, have caused the vine to lose its primitive superiority and distinctive qualities. Hence a diminution in price."

Again he remarks:—"After the actual wine has been drawn off, the growers of the Southern Departments make what may be called a 'second brew' only of the dregs and lees of the vintage, and this has also a certain commercial value. Lastly, a still inferior sort, called 'piquette,' is obtained, by pouring water on the lees, for local consumption. In the Eastern Departments, on the contrary, the grapes are pressed out to the last drop."

M. Lenoir, the author of one of the best works on wine, divides the wines of France, as respects quality, as follows:—"Good," comprising one-sixth of the total produce; "middling," or "passable," another sixth; "drinkable without disgust," another sixth; the remaining three-sixths comprising all the degrees between "bad" and "abominable."

Under the head of the quality of French wines we may refer to the practice of increasing the strength and other properties of wine by *congelation*. This custom prevails in Burgundy. Formerly this operation was effected in winter, but we learn from a report by Mr. Ogilvie on the Wines of France, presented to the House of Commons in 1862, that it has been found better to freeze the wine by artificial means, by putting it in large tin vessels, which are immersed in a mixture of pounded ice and salt, and the operation is carefully watched to prevent its being carried too far. The principle on which this process is based is, that water freezes more readily than spirit or wine. The water naturally contained in wine is in part frozen, and thereby separated, when it is taken out and thrown away, by which the bulk of the wine is decreased, and all its properties condensed and made more perceptible; but as the bad qualities are condensed as well as the good, this operation is only useful in very fine and faultless wines.

The same results may be obtained to some extent by placing the wine in wooden vessels, covered at the top with parchment or bladder, which allows of the escape of the water as vapour, but retains the spirit or alcohol.

Second.—With respect to *adulteration*, we meet with much valuable and interesting information scattered through the reports on the vine disease, from two of which we have already quoted.

From Mr. Lumley's report it appears "that the wine trade of France seems to have been as much indebted to Spain for its existence during the last five or six years, from 1853 to 1859, as that of Portugal on the Douro has been; and although at Bordeaux, as at Xeres, the large stock of old wine may be still unexhausted, though greatly diminished, still there is little doubt that a large quantity of the new wine, which for the last five years has been manufactured in the South of France, and which has been exported to all parts of the world as wine of the first vintages of France, was little else than Spanish wine mixed and flavoured with other substances."

The most prevalent adulteration, states Viscount Chelsea, "consists in the addition of *water*. This is chiefly done by the retail dealers. It is more considerable in populous towns, and it is practised on a large scale in Paris, where six hectolitres of

strongly coloured wine, rich in spirit, are diluted by the addition of three hectolitres of water."

With respect to the use of *spirit* Viscount Chelsea states that "the wines of the departments bordering on the coast of the Mediterranean are highly alcoholised; nevertheless they will not bear carriage to any considerable distance, either by sea or land, without undergoing the process of 'vinage,' or the addition of a quantity of spirit, ranging from one to five per cent.; in the case of most other wines this is not necessary.

"The quantity of alcohol used in manufactories is small, except in the following departments—namely, the Bouches du Rhône, Haute Garonne, Gironde, Bas Rhin, Haut Rhin, Rhone, Seine, Seine Inférieure, and Seine-et-Oise."

In the same valuable report we meet with some further particulars relating to "vinage," or the brandying of wine. The law at the time the report was written allowed the addition of five litres of brandy to each hectolitre of wine, provided the alcoholic strength of the mixture did not exceed 21 per cent. "From experiments made with a view to prevent fraud, it has been ascertained that wines usually furnished to private consumers do not average more than 10 or 11 per cent. of alcohol; that those in the hands of the retail dealers average 16 or 17 per cent.; while those delivered to wholesale firms contain from 20 to 22 per cent. The reason of this is that the private consumer drinks his wine at once, and in its *natural* state; while, in the case of the others, the wine is destined to be mixed and otherwise modified, so that when it reaches the consumers through these channels it does not average more than 8 or 9 per cent. of spirit."

With reference to the *sweetening* of over-acid wines, the following observation occurs:—"Another and still more culpable method of adulteration—inasmuch as it is very injurious to health, and which consists in what is called "sweetening" or neutralising the acetic acid contained in them by means of plumbago and other similar ingredients—is sometimes practised."

In a note appended to the report from which we have had occasion so largely to quote, the process followed by the "Administration de l'Assistance Publique," in the "coupage" or "blending" of various qualities of wine, is given.

"A wine of Marseilles—Narbonne Roussillon,—of a dark colour and naturally warm or highly alcoholised, is mixed with a white wine of Touraine on the Cher, or with a light-red wine. The beverage resulting from this process is called "Vin de Coupage;" and, so far, is nothing but a mere mixture. But if a small quantity of grape-sugar, or about $\frac{1}{170}$ of 'vin muet' or unfermented wine, be added, a new fermentation is produced, which renders the mixture perfectly homogeneous.

"Blending, in order to be useful, should be so effected as to produce a better quality than the two component ones. Thus old wines going off may be advantageously blended with new, dark coloured with light, wines with an excess of spirit with those that are light and will not keep long. But, in order to obtain a satisfactory result, the wines must be well adapted to each other; they must be mixed in proper proportions, and must have had time to effect their combination. This blending is quite distinct from the practice of making certain spurious and intoxicating mixtures which are sold to the lower classes of Paris."

Dr. Gaubert, in his "Etudes sur les Vins," gives some receipts for blending wines for sale in the suburbs or "banlieue" of Paris. From these it appears that a wholesale dealer can make a barrel of wine, which will pass for common Bordeaux, at 92 francs, the genuine article costing 115 francs. The retail dealer introduces it into Paris at a cost to himself of 129 francs, duty included; and, after adding one-seventh of water, clears 16 francs and 40 centimes by the sale. One example will serve to give an idea of the others, and is as follows:—

Bordeaux,	4	barrels at	120 francs.
,,	5	,,	110 ,,
Sologne,	8	,,	90 ,,
Sannois,	4	,,	70 ,,
Narbonne,	2	,,	150 ,,
Water,	2	,,	

The remarks of Mr. Ogilvie, from whose report we have already quoted, respecting the fortification of wine, agree for the most part with those of Viscount Chelsea, but are more precise in some respects:—"By a decree of 17th March, 1852, spirit is allowed to be added, free of excise duty, to the extent of five per cent. by volume to wines of the departments of the Eastern Pyrenees, the Aude, the Tarn, the Hérault, the Gar, and the mouths of the Rhone, provided that the strength of the wine shall not be rendered above 18 per cent. of Gay Lussac's scale, equal to about 28 per cent. of proof spirit; but if the strength exceeds 18 per cent., and is under 21 per cent., then each degree between 18 and 21 is charged with the double duty. All such wines above 21 per cent. are subjected to duty as spirit. By the same decree, all wines for exportation may be fortified to an unlimited extent, and under this regulation most wines, and especially those of the five districts above specified, are fortified with spirit before being exported."

"In France," again writes Mr. Ogilvie, "the pressure of imperial and municipal duties on wine leads to its sophistication to a considerable extent. It is frequently mixed with spirit in the first instance, because if not exceeding the strength of 18 per cent. of Gay Lussac's scale, it is assessed with duty only as wine; and after it has passed the '*douane*,' it is then mixed with water to increase its quantity; and as most of the ordinary wines do not exceed 9 or 10 per cent., two casks may be thus made out of one. The dark-coloured wines of the South are often mixed with the cheaper sorts of white wine, or with the lighter red wines of the North. These frauds on the revenue and the public are, however, confined to the lower class of dealers, and are never attempted by the proprietors or producers, or even the more respectable wholesale dealers."

The report of Mr. Ogilvie likewise contains references to two other practices not yet alluded to by us, and which must be regarded in the light of adulterations: "In the same district, Burgundy, a quantity of raw *sugar* is often mixed with the grapes at the time of pressing, the object being to give body, and to hasten the fermentation."

Again: "In the process of wine-making, *plaster of Paris* or gypsum (sulphate of lime) is often added to the grapes in the press, the effect of which is to produce a brilliant lively colour. The same substance is also added in small quantities when the wine is beginning to turn sour, as it stops the acetous fermentation."

Another adulteration of French red wines has still to be noticed—namely, their coloration with *dried elder-berries*. It appears from the report of Mr. Consul Crawford, made in the present year, that in 1866, 19,000 kilos. of dried elder-berries were imported into France.

We shall now refrain from further quotations from English official reports; but to those who desire to obtain additional information respecting the treatment and adulteration of the wines of France, we recommend the perusal of two small works by the same author, M. V. Lebeuf, "La Vigne" and "Amélioration et Fabrication des Liquides."

In these, and especially in the latter book, the author, under the title "amelioration," treats at length of the coloration, the perfuming, the fortification, the imitation, and the manufacture of wines, with and even without the aid of the grape. The author discusses these subjects in quite a scientific and even an enthusiastic manner, and does not seem to recognise the smallest harm or impropriety in any of the practices he describes and recommends. At the end of both volumes he gives a list of the œnological preparations most employed for the amelioration of wines, and he prefaces this enumeration with the following rather significant note: "These preparations are fabricated by MM. Lebeuf and Co., at Argenteuil (Seine-et-Oise). They are in depôt at Paris for the supply of the city." We presume that it is merely a curious coincidence that the writer of the works to which we have alluded and the fabricator of the œnological preparations bear the same name.

Amongst the articles of which a list is given we enumerate the following:—

Alcohol of raspberry. Perfumed.

Ambréine. To give to new wines the yellow colour of old wines. To colour white wines, vermout, &c., yellow.

Œnanthic bouquet of the South. To give to wines the bouquet and the taste of old wines.

Bouquet of Pomard and Burgundy gives wine the taste and bouquet of old wine of Burgundy.

Disacidifier. To destroy the acidity of new wines. To sweeten and preserve them.

Disinfectors of casks, or powder of coopers. To sweeten foul casks.

Essence of cognac communicates to beet-root and corn spirit the taste of cognac.

Essence of Madeira, Muscat, Malaga, Alicante, Vermout, Port, Lacryma-Christi, Grenache, Sherry, Tokay. To fabricate them with ordinary wine.

Extract of Bordeaux, or essence of Medoc. A flask suffices to give the bouquet of the wines of Medoc to a barrel of 230 litres.

English powder. To clarify old wines; to make them good, and afterwards to increase their bouquet.

Powder of the wines of Bordeaux and of the Gironde. To clarify the wines of Bordeaux.

Decolorising powder. To decolorise and clarify white and acid wines.

Powder of white wines. To clarify and preserve them.

Powder graduated. For the clarification and improvement of wines.

Powder Lebeuf. To clarify and improve red wines, white wines, spirits, &c.

Rancio. A flask suffices to age a hectolitre of new brandy, of wine, or of marc, and to destroy the earthy taste.

Rancio of wines. Giving to all wines the *recherché* taste of old wines.

Essence of Beaune. To give to wines the taste and the bouquet of wines of the region of Beaune.

Essence of Chablis, Essence of Champagne, Essence of Hermitage, Essence of Medoc.

Essence of the South, or of the wines of Montagne.

Essence of old white wines gives to ordinary white wines the bouquet and the taste of fine and old wines.

Essence of Sillery gives to white wines the taste of champagne. Indispensable for the fabrication of sparkling wines.

Syrup of raisin.

Syrup of raisin tannified. For the fermentation of white wines.

Bordeaux colour. To colour and preserve wines.

Vegetable colour, unalterable and inoffensive. To colour, to cleanse, and to preserve wines.

The ager of wines.

The above highly instructive quotations are amply sufficient to prove that it is hardly correct, in animadverting upon the wines of Spain and Portugal as adulterated, to hold up the light wines of France as models of excellence and purity. There are still wines to be obtained from Spain and Portugal, albeit fortified, which for bouquet and flavour are not to be surpassed, as there are also wines procurable from France of undoubted purity and wholesomeness; the truth, we believe, in this, as in so many other cases, lies in the mean.

In the next portion of this Report we shall proceed to state the results of the elaborate analyses we have instituted of a variety of Clarets and Burgundies, as also of certain other wines more or less resembling the red wines of France.

LONDON HOSPITAL GRIEVANCES.

To the Editor of THE LANCET.

SIR,—According to poor Artemus, "every man has his fort;" so I suppose argumentation is Mr. Rivington's stronghold.

By an elaborate process of reasoning, he arrives at this most logical conclusion: either he is not "an honest man and true," or, being such, his colleagues must be the opposite.

If he suppose the former, then I grieve to think he has so bad an opinion of himself; an opinion I am happily unable to endorse. If the latter, let me remind him, that those who differ from "an honest man and true" are not necessarily dishonest; they may be simply mistaken.

Hair-splitting is an unprofitable amusement, so I will now reply at once, with your permission, to his query, "Can we not unite our forces and pull in the same direction?"

The Students' Committee have already met to consider Mr. Rivington's conciliatory appeal, and I am enabled to express our willingness to go over and pull as hard as Mr. Rivington pleases, if the Council will grant us the following concessions.

In the first place, we think it incumbent on the Council to send Mr. Ley a letter expressive of their regret for the "irregularity" which occurred with respect to him. The late resolution of the Council, coming with a bad grace three weeks after the event, and after publicity had been given to the subject, is hardly a compensation to Mr. Ley for the injury and disgrace he has suffered.

In the capacity of private gentlemen, we are positive every member of the Council would make such an *amende honorable* to anyone they had unwittingly offended. Can they do less in their public capacity?

Secondly. We consider that Mr. Macarthy should be declared ineligible for any future appointment, as hitherto we have not received any such guarantee. The Council must be aware that should he succeed to another office, the present ill-feeling and agitation must again arise.

Thirdly. We also think the recent rule, declaring those to be *full* students who enter in their second year, should be cancelled. The whole hospital career of a man, *as a student*, is only thirty months; to allow anyone, therefore, to spend twelve months (or two-fifths of his time) elsewhere, is manifestly unjust to those who enter for the full term. Having had "but three intruders in fifteen years," this can hardly be asking too great a sacrifice on the part of the Council. To us, it will be the means of closing a loophole for any further encroachments, and moreover it will uphold the principle that every hospital should support none other than its own men.

The in-door dresserships, we think, might fairly be left open to all comers, as the office is only of weekly tenure, and hence an intrusion or two could be productive of but little harm.

Fourthly. We are of opinion that sufficient publicity should be given to all vacancies and appointments. All appointments to be held for a definite period, and a reappointment not to be allowed if an eligible candidate be in the field.

Before concluding, I have to correct a misconception of Mr. Rivington's. The Council *is* certainly legally responsible for the acts of its individual members, and it is its moral duty to repudiate any act of any one of its members, which is not founded on reason or justice. In conclusion, allow me, Sir, in the name of the students of the London Hospital (both past and present), to tender you our warmest thanks for the opportunity you have afforded us of ventilating our grievances, and seeking the support of public opinion.

I remain, Sir, yours faithfully,

5, Broad-street-buildings, E.C., August 19th, 1867. N. HECKFORD.

To the Editor of THE LANCET.

SIR,—My name has been alluded to for the last few weeks in your columns in a manner that would make it appear that I am one of those disappointed candidates for a prize who, thinking talent had passed unrecognised, was retaliating by casting ungenerous aspersions on the examiners. Now, under these circumstances, I feel called upon to explain my position, and to state my complaints, not to impugn the integrity of the staff, which, after I have agreed to abide by their decision, would on my part be ungentlemanly, contemptible, and unfair. The following are circumstances connected with this examination which I think all must acknowledge to show at least gross negligence and mismanagement:—

1st. A delay of some months before any notice was put up declaring the result.

2nd. When this notice appeared it did not contain particulars of the number of marks obtained by the candidate in each subject, as is customary.

3rd. The examination being conducted by a brother, which must render all protection against favouritism, by the attachment of a motto to the paper, "invalid."

Respecting the question on the larynx, although one on which Mr. Stephen Mackenzie would be likely to be well up, still, as we had had it given us in our course, I could not object to it. Mr. Heckford this week says I told him "that I had a considerable majority of marks in my favour before Dr. Morell Mackenzie gave his decision." The remarks I made were as follows, and only connected with the physiological papers:—"That in Dr. Hughlings Jackson's paper I had a considerable majority—this information I received from the examiner himself—whilst Dr. Mackenzie had given his brother a majority of one mark. I gained this from my opponent, Mr. Stephen Mackenzie. I also mentioned the fact that, had it not been for Dr. Mackenzie's paper, I should have obtained first place in physiology; and this remark Mr. Heckford undoubtedly thought applied to the whole of the examination.

There is one more point I wish to mention, in justice to myself, namely, that I did not agitate the grievance connected with this prize. I was invited to attend a meeting, and there my case was, to my surprise, adverted to as one amongst the many causes of complaint.

It was my intention to have remained silent in these disputes, of which I regret our school is now unavoidably the subject. I am fully aware that it is neither a wise nor a pleasant action for a junior student like myself to criticise publicly the proceedings of his school; but in this instance I felt bound to say a few words in vindication of myself, and in this most unpleasant task it has been my earnest desire to be truthful without being offensive, and candid without being scurrilous. I am, Sir, yours truly,

T. ROBINSON.

London Hospital, Aug. 19, 1867.

THE LANCET.

LONDON: SATURDAY, AUGUST 31, 1867.

CONSIDERABLE importance is to be attached to the recent researches of Professor HALLIER, of Jena, who claims to have discovered, in the form of fungus growth of definite and special characters, the true contagium of cholera. Many observers of late have had their attention specially directed to the occurrence of entophytic growths in the intestinal tract and evacuations of cholera patients. At the Cholera Conference held at Weimar a few months ago, various communications on the same subject were made to the eminent authorities there assembled, and a committee, composed of Professors DE BARY, KLOB, HALLIER, and Dr. THOMÉ, was appointed to investigate the significance of the data already obtained in reference to the occurrence of phytiform vegetations in cholera. DE BARY drew up the report, but without giving any opinion further than that definite organic structures—zoogloea—were present in cholera evacuations, and that their importance would be enhanced could it be shown that they existed also in the blood. Mr. SIMON, it will be recollected, drew the attention of the Pathological Society, at one of the May meetings, to the importance of the observations of Professor KLOB and Dr. THOMÉ on the cholera yeast. Since that time Professor HALLIER has published the results of his researches in a separate form, and they are embodied in the recently issued Report of Mr. SIMON. The occurrence of torula-like cells in cholera, and indeed in many different diseases, is no novelty; the interest attaching to HALLIER'S statements consists in the fact that his cholera fungus is altogether special in origin, in nature, and in behaviour, whilst concomitant circumstances lend great probability to his main assertions. For the sake of completeness it may be well to refresh our memories as to past events. In the year 1848 Dr. COWDELL,* and in 1849 Dr. MITCHELL,† both advanced the opinion that cholera depended upon the access to the body, and the development therein, of microscopic fungi. The researches of Drs. BRITTAN and SWAYNE, of Bristol, lent considerable support to this theory, crude as its form was. It was affirmed that they had found certain cells which they believed were of vegetable nature, and peculiar to the air of cholera districts, in the intestinal secretions of cholera patients. Dr. BUDD likewise observed similar bodies in the drinking water obtained from localities in which cholera prevailed. The Committee of the College of Physicians appointed to investigate the matter reported that the "cholera bodies" were not to be found in the water or in the air of cholera districts by the members of the Committee, and that they were not fungi at all, but in many cases substances introduced with the food or taken as medicine, and that similar formations had been detected in the intestines of patients suffering from diseases other than cholera—for example, typhoid fever and dysentery. We may say, then, that whilst torula, uredo spores, and other fungi were noticed in abundance, it seems that nothing *peculiar* to cholera was defined with certainty, and so the subject was shelved. It appears that nothing similar to that recently brought to light by Professor HALLIER,* if we except the forms depicted and described by BOEHM in a little work published in 1838, and to which Mr. SIMON makes reference, has been found by any observer. BOEHM appears to have been cognisant of the existence in the intestinal tract of cholera patients of luxuriant growths of minute vegetations; but they possessed the features of a torula. We are unable at the moment to express an opinion as to the exact nature of BOEHM'S fungi; but Mr. SIMON observes that "if the doctrine of a cholera fungus should hereafter be substantiated it will probably be conceded that BOEHM deserves the credit of having first published a thoroughly valid account of phenomena of cryptogamic vegetation in choleraic intestines and discharges, and that HALLIER'S researches do not better join on to the recent essays of THOMÉ and KLOB than they might have joined in 1838 to those of BOEHM." HALLIER'S observations were made in 1866-7 at Berlin and Eberfeld on cholera vomit and stools. The peculiar vegetable elements in the stools consisted of fine filaments, which were found at the upper part of the fluid, and of cyst-like bodies which were highly refractive, of yellowish or brownish colour, and which sank to the bottom. The cyst-like bodies contain highly refracting coloured spores, which after a time become free by the rupture of the cell-wall. The spores then divide and subdivide, giving rise to collections or little heaps of small cells, and HALLIER calls these "colonies" of micrococcus. The smallest cells attach themselves to particles of animal matter, and seem by their growth to lead to their destruction. From the same cells torula forms develop and finally pass into the oidial stage. In cultivating the fungus in sugar HALLIER obtained *mucor* and *penicillium*-like growths; on starch paste the result was much the same, and on muscular tissue the cyst form was more marked; the fungus grown on paste which had been boiled with tartrate of ammonia led to the formation of the cysts in their most perfect condition, and the counterpart of the Urocystis occulta which infests cereals was produced. It is this latter form (urocystis) which HALLIER has never been able to produce artificially from oidial forms of fungus, but only from cholera stools. These facts have led HALLIER to believe that this particular form is peculiar to cholera evacuations, and that it is the active agent in the evolution of the disease. From the fact that it requires a high temperature for its development, he believes moreover that the urocystis is not and cannot be acclimatised in Europe, but that it travels in the intestines of cholera patients from India, and finds in summer the necessary temperature for its increase. The fact that it requires the presence of nitrogenised matter for its growth is another interesting point in reference to the well-known influence of water and air poisoned by excrementitious matter in aiding the outbreak of cholera. HALLIER believes that the cyst-like bodies he describes are the same as those noticed by Dr. SWAYNE; but the Rev. Mr. BERKELEY has stated to Mr. SIMON that, in full knowledge of the characters of both growths, he is certain that the two are different, whilst there is a manifest similarity between the fungus of the "madura foot" (Chionyphe Carteri) and that described by HALLIER. The

* Disquisition on Pestilential Cholera. London, 1848.

† On the Cryptogamous Origin of Malarious and Epidemic Fevers. Philadelphia, 1849.

* Das Cholera-Contagium: Botanische Untersuchungen, Aerzten, und Naturforschern Mitgetheilt. Von Dr. Ernst Hallier. Leipsic. 1867.

urocystis is a form of blight common on rice; and HALLIER believes that it finds its way to the human intestines from the diseased rice plant. This view of the matter derives interest from the view propounded by Dr. TYTLER many years since —that the use of diseased "ergoted" rice induced cholera. (A full account will be found in THE LANCET for 1833-34.) HALLIER has attempted to experimentalise on this point. He planted rice under conditions similar to those which obtain in India, and watered them with cholera stools. The rootlets of the plants were soon found to be perforated by fungus threads, and the cells of the intercellular spaces became rapidly invaded by "micrococcus" elements, whilst the tissues themselves began to atrophise; but the attempt to obtain the cyst form was unsuccessful. Still the stage anteceding its formation was distinctly reached. The field of experiment open is, in truth, a vast and promising one; and it is to be hoped that some thoroughly scientific work will be at once undertaken in this matter. We must admit, then, that in the intestinal contents in cholera has been found a special form of fungus analogous to that which produces "blight" in rice; and that probably the two may be related in regard to source.

Now, what influence has this urocystis, or could it have, in the generation of cholera? Microscopic fungi prevail contemporaneously with epidemic disease. That we well know. The cholera urocystis seems clearly, in its growth, to have the power of disintegrating the intestinal epithelial tissues, and indeed all nitrogenised matters, which constitute its pabulum. Epithelial denudation is believed by many to be the starting-point of cholera. But it has yet to be shown that the introduction of the urocystis into the intestines of a subject surrounded by the best hygiene would give rise to cholera. The results of modern research tend to show that for such a result to take place—supposing the fungus to take any active part—the intestines ought to contain a state of the fluids different from health, and suited specially to the development of the urocystis. The growth of a fungus in any fluid alters the character of that fluid, and it may be that the generation of some subtle compound is favoured by the action of the "cholera-fungus" upon fluid, and that this is the immediate cause of cholera, whilst the fungus itself may or may not have some additional effect locally on the tissues. This composite action of fungi in relation to varying pabula is the view advocated by Dr. TILBURY FOX, and recently restated by him in the *Edinburgh Medical Journal*. Analogy would lead us to conclude (if the fungus plays any part at all in the matter) that the cause of cholera is a mixed one; that, first of all, there needs to be a certain state of the system favourable to the growth of the urocystis—and we have no hesitation in recognising it as one brought about by excrementitious poisoning of the body; secondly, the introduction to the body of the cholera-fungus; and thirdly, the growth of the fungus, and the modification of the fluids containing excreta. This seems to be the particular theory at present *suggested* by the facts which we possess. It tells us, firstly, that we must all the more rigorously enforce the observance of those special sanitary measures that tend to the purification of soil, of air, and of water; for, as Mr. SIMON puts it, "excrement-sodden earth, excrement-reeking air, excrement-tainted water, are for us the causes of cholera," because they form a nidus for the cholera contagium. Secondly, that the cholera-contagium carrier must be rendered harmless *quoad* the contents of his body. Thirdly, it points to the source whence the agency which suffices to *determine* the advent of the disease *may* originally be obtained, and places us on our guard against the pollution of our bodies by unwholesome articles of diet.

Such is the view suggested by Professor HALLIER's observations. We feel that in some such direction as we have indicated results of paramount importance are to be obtained by further careful experimental research. Professor HALLIER's doctrine, correctly interpreted, to our mind only tends to encourage the sanitary reformer in his work, and to enhance the necessity and value of the measures to which he at present gives his sanction. It chiefly tends to direct attention to an element (the possible agency of fungi, or of some condition connected with their free development) in the causation of cholera to which little importance has hitherto been assigned. It gives a definiteness to the application of Professor PETTENKOFER's views and increases their value; and in this aspect of the case we may ask whether the action of fungus upon its related pabulum may go on under a high temperature out of the body and generate cholera-poison? Committing ourselves to no theory, and only pointing out the bearing of the question, we commend the subject to the notice of all who are interested in the etiology of cholera.

AMONGST the thinking classes of the community, the question as to whether the coroner should be of the medical or of the legal profession has long since been decided in favour of the former. Custom, prejudice, and personal influence have had their effect in delaying a reform which is demanded equally by the common sense and the interest of the public. In spite of these obstacles, however, medical coroners have been elected to several counties and boroughs in England and Wales; and in no instance, we believe, has there been any reason for regret, on the part of the electors, as to the choice they have made. Since the late Mr. WAKLEY was elected coroner for Middlesex, there has been a growing conviction that none but a medical coroner is fully capable of presiding at an inquiry the immediate object of which is to determine the cause of death. One of the main reasons for this conviction was the change which Mr. WAKLEY made in the mode of conducting such inquiries. He raised the court from a careless, inefficient, and unsatisfactory tribunal, into a scientific, useful, and respected arena of inquiry. The nature of the verdicts returned before his time was often profane, generally unsatisfactory, and in many cases frustrative of the ends of justice. How could it be otherwise when the presiding judge was ignorant of the wondrous frame of man, and of the causes which might stop its action, either by violence or disease? The cuckoo cry of the lawyers, who contend that the medical coroner is unfitted for the office in consequence of his ignorance of the laws of evidence, is fast dying out. The reason is obvious. A man of ordinary common sense may master these laws by half-an-hour's study: they are simple and few. Not so, however, the laws which regulate life and death. To obtain a competent knowledge of these requires the study of many years. It embraces an acquaintance with anatomy, physiology, therapeutics, and pathology. What lawyer who has contested an election for the office of coroner has ever fortified himself with this knowledge, in order to fulfil its important duties? Cavillers against the truth may urge that the investigation made by the coroner is a legal one; that it has to determine the guilt or

innocence of a suspected person. But this is not the fact. The primary and really exclusive object of a coroner's inquest is to ascertain the cause of death. It puts no culprit or suspected culprit upon his trial. His innocence or guilt is afterwards to be tested by a legal tribunal. Should a coroner's jury return a verdict of murder or manslaughter, the accused, in the great majority of instances, is taken before a magistrate, and is either acquitted or committed by him for trial at the sessions or assizes. It is true that a prisoner who is acquitted at the police court may yet be put upon his trial on the coroner's warrant; but numerous facts have attested that this is a wholesome and beneficial rule of law, and not an interference with justice.

At the present moment there is a vacancy in the office of coroner for the important borough of Liverpool. We would record with unqualified satisfaction the fact that a numerous and influential meeting of the medical practitioners of that town has been held for the purpose of promoting and securing the election of Dr. GEE to the vacant office. He is a gentleman in every way qualified for it both by ability and acquirements. He has, moreover, the full confidence of his professional brethren. The election is in the hands of the Town Council, and does not involve a laborious and expensive canvassing and contest. If Dr. GEE's supporters follow out their resolutions with determination and vigour, we feel no doubt as to the result of the contest.

WE reprint to-day from our contemporaries some statements which certainly do not argue strongly in favour of the "status and privileges" of our brethren in the navy. They have reference to the recent visit of the Lords of the Admiralty to Portsmouth, and are as follows:—

"The Board went to Haslar, were they went over the Naval Hospital. The hospital contains at present 484 patients, but has beds for 1200. It has an admirable organisation under its medical staff; but its government by a post-captain of the Royal Navy is as great an absurdity as ever existed in the worst days of the great naval hospital at Greenwich. If it is necessary to provide some adequate rewards for naval captains or other officers of the military branch who have done good service in their professional career, this should be done by any other means than by thus placing them in command of purely medical establishments. What can possibly be more ridiculous than to submit a document drawn up by such men as Sir David Dean on important medical questions to the inspection of a captain of the navy, and for his signature, before such document can be sent on to the chief medical authorities at the Admiralty for submission to the Board? Nor does the ridicule of the whole affair end even here; for, in the absence of the captain-superintendent, the inspector-general of hospitals' document must be laid before some old—and, no doubt, very worthy—lieutenant, who represents temporarily his immediate chief."

Without the authority of the leading journal we should scarcely have believed it possible that the duties of so important and special a department as that of the care of the sick and wounded of the Royal Navy could be conducted profitably with existing impediments.

It seems that the inspectors-general of our great naval hospitals have to submit all their professional communications to the Director-General, for the information and approval of the captain-superintendent, or in his absence for that of the lieutenants, of the hospitals, before the Director-General can be made officially acquainted with any of the hospital occurrences.

This of itself would suffice to destroy uprisings of zeal, which, rightly directed, would lead to scientific results from the vast stores of information constantly renewed in these great national establishments. What can be said, however, when we learn that, in addition to these impediments, there are obstructions placed still higher in the scale, in order to prevent more effectually a full representation of medical affairs at the Council Board of the navy? the representations of the Director-General himself to the Admiralty being presented for the consideration of that board by an admiral or captain, one of its junior members, who officially rules the Medical Department.

Thus it happens that the First Lord of the Admiralty, who is responsible to the House of Commons, must frequently be insufficiently informed when giving replies concerning medical questions that affect seriously the utility of our profession, as well as the privileges of its individual members, as instanced in a recent occurrence at Deal.

As a people, we are accused of placing a too implicit faith in routine; but amongst the inventions of the Circumlocution Office for weakening the influences of a department, we imagine that none greater than this can be found. We hope, however, that the profession in the navy will not always be thus bound at the foot of routinism, and so reduced to an almost lifeless condition.

Medical Annotations.

"Ne quid nimis."

HEALTH AND HOLIDAY.

WE hope that our readers are taking advantage of the summer, and of what may medically be called a dull season, to have a holiday. There are few men who are more apt to neglect that duty than medical practitioners. We say, the duty. For in the present state of society, and at the present rate of life, there is no more obvious or urgent duty devolving upon all men who live by the use of their brains than that of taking holiday. It is all very well to say

"Better fifty years of Europe than a cycle of Kathay;"

but if our readers want to achieve fifty years of Europe, they must make a point, now and again, of getting out of the rut of ordinary life, and into a place where the Kathay-like conditions, leisure and repose, are possible. We have said, there are few men more apt to neglect the duty of taking holiday than members of the medical profession. The clergy are far more exacting and decided in this matter. A month, six weeks, and even two months, are common periods of annual holiday with them. And we do not blame them. Not only have they the high authority of Him who said "Let us go into a desert place and rest a while," but there is something in the very nature of the duty of a clergyman which makes a long holiday peculiarly necessary to him. But anything will deter a medical practitioner from taking a proper holiday. A midwifery engagement, or the fear of losing a patient, will often suffice. To be just, however, there is another influence which we really believe has as much to do with the poor holidays that doctors take as any other—we mean the sheer love of work. There are few men who work harder or get more satisfaction out of their daily duties than the medical practitioner. Our readers will be able to supply illustrations from their own experience of men who

have attained to the greatest success whose boast it was that they had not slept out of their own house for years; or who will tell curious stories of their having attempted once in the the course of their twenty years' practice to take a week's holiday, and having got thoroughly home-sick at the end of five days. Many men deliberately begin practice on the theory of "sticking to it," as they say, and stick to the theory till failing strength, or a muddled head, or a loss of interest in work and even in money, suggests to them that there are other duties in life besides work, and other pleasures besides the taking of fees. We know one instance of the kind, in which a practitioner went on for years without a holiday, and did so with apparent impunity. At length, however, one August he broke down, and got hæmoptysis. He went out of town, and quickly recruited his strength. He did very well for other twelve months, but a return of August brought about a return of hæmoptysis, which yielded to the same remedy. A third August found him again in a state of weakness, with hæmoptysis. So striking a coincidence of the expiration of twelve months' work and exhaustion was not to be disregarded. The occurrence of three attacks of hæmoptysis respectively in three successive Augusts was "taken for a sign," and, ever since, a fortnight's holiday has been rigidly taken. Though such an obvious sign of the need of rest is not given to most of us, other indications will be found in all who work hardly and earnestly; and we shall show our wisdom in not waiting for hæmoptysis.

We say to our medical brethren, then, Take a holiday. There is no serious sickness abroad. Even in Newcastle the mortality is down to 28 in the 1000. It is of little consequence where the holiday is taken. Only get out of the rut of daily occupation, and entirely beyond the reach of patients, till in some safe remoteness you can exclaim as a practitioner in the Highlands once did to his friend: "No fear of being called to a midwifery case here!" Lay your account with losing a patient. It is wise to look upon this as a probability and as a part of the price to be paid for a holiday. But rest assured that all good patients will think the more of your judgment for recognising the physiological value of change, and the more of you for once in a year being scarce and unprocurable.

CHOLERA THREATENINGS IN EAST LONDON.

EVIDENCES of a tendency to revivification of cholera in the east of the metropolis have presented themselves during the past week. On Monday evening a charwoman was admitted into the London Hospital from Vincent-street, Stepney, suffering from symptoms which, although somewhat obscure, seemed to indicate an attack of the disorder. It was with difficulty that any information could be obtained respecting her; but the fact that she had had purging in the morning was ascertained. We saw her on Tuesday, when she remained much in the same state as on admission. She lay insensible, with open mouth, dry tongue, minutely contracted pupils, and eyes half open. Her hands were blue and corrugated, skin very cool, and the pulse almost imperceptible. Since her admission she had passed one motion, which a nurse who had worked through the epidemic of last year told us was colourless, and exactly like those of cholera patients. She had not vomited, and had not suffered cramps. She presented the appearance of a cholera patient under the influence of an overdose of opium. It is possible that whilst out of doors she had taken some medicament containing opium for her diarrhœa. None of this character was given her in the hospital. She died on Tuesday night.

On Tuesday morning a laundress, aged thirty-one, was admitted into the same hospital from Wellington-street, Bethnal-green, in a state of partial collapse. Mr. Mackenzie, the resident medical officer, told us that she had been attacked with purging and dry retching on the morning of the previous day. When we saw her in the afternoon, she presented all the appearances of a patient in advanced collapse: pulse nearly imperceptible, skin cold and dusky, and sunken eyes. In a voice which was a mere whisper she told us that her father, an old man who was employed about the docks, had just died from symptoms like her own. She said she was in the habit of drinking much cold water out of a water-butt attached to the house.

In another ward we found an accountant from Robert-street, Limehouse, who had been admitted on Tuesday morning, having suffered from purging, vomiting, and cramps since Sunday morning. His pulse was feeble on admission; but he had got considerably better, and was in a fair way to recover. He told us that, on Saturday evening, he took with his bread and cheese a tumbler of cold water. This was drawn from a tap in the kitchen supplied from a cistern over the water-closet. He has a wife and two grown-up daughters living with him, who had not suffered. They did not drink any water.

The authorities of the London Hospital, who showed such activity last year in dealing with the overwhelming claims upon them from the cholera fields, are prudently preparing a ward against possible contingencies. What are the parishes in the East of London doing?

EXPERIENCES OF A FUNGUS-EATER.

INASMUCH as accidents arising from the eating of poisonous mushrooms are by no means rare, there can be no gainsaying the importance to be attached to results of the self-experimentation of a "regular fungus-eater." Hitherto, from some cause or another, the differences between edible and non-edible fungi have been known or accessible only to the few. A little *brochure* of some sixty-four pages has just been published by Mr. Worthington Smith, in company with two large sheets containing figures of twenty-nine edible, and thirty-one poisonous species, drawn from nature in their natural sizes and colours. It seems that, years ago, Mr. Smith, without a proper guide, and with very little experience, more than once became personally acquainted with the unpleasant qualities of one or two dangerous species. This sharpened his appetite for further inquiry, and he now publishes his personal knowledge of the taste, delicacy, and good or ill effects of "mushrooms and toadstools." The physiological effects of many poisonous kinds he depicts with surprising coolness, and vindicates his right to become the guide of all who dabble in fungus-eating, the indulgence of which no one need in the future be afraid of if he master the contents of Mr. Smith's little book, and make himself familiar with the coloured illustrations. A number of species are recommended to the palate of the connoisseur.

THE HEALTH OF ST. PANCRAS.

DR. HILLIER has issued his eleventh report on the sanitary condition of St. Pancras during the year 1866. The rate of mortality was high, considerably higher than the average of ten preceding years; although it included an epidemic of cholera, the mortality was not however so high as in 1864 and 1865. In 1841-50 the rate of mortality per 1000 was 23, and in 1851-60 it was only 22. In 1864 it was as high as 25 per 1000; and in 1866, the year now reported on, it was 23·5 per 1000. The zymotic diseases have not been so fatal as formerly. The classes most fatal, more so than usual, were tuberculosis and rickets, and accounted for 19 per cent. of the mortality from all causes. 112 patients died from cholera. Small-pox was more prevalent and fatal than in the previous year. Contrasting St. Pancras with London generally, it appears that from diarrhœa, cholera, scarlatina, typhus, and small-pox, the deaths in St. Pancras were proportionally not so numerous as in other parts. From pulmonary disease and consumption St. Pancras suffered a considerably higher mortality than London

as a whole. This corresponds with what has been observed in previous years. It has been ascertained recently that the mortality from consumption is much reduced by thorough drainage of the subsoil. The completion of the sewerage in this parish in the parts not yet supplied with sewers would, in all probability, have the effect of reducing the undue mortality from consumption. In reference to the cholera epidemic Dr. Hillier speaks of the value of disinfectants; the two chiefly employed being carbolic acid and fire. He remarks that the prevalence of small-pox, typhus, and scarlet fever in the parish shows that an establishment is required to which all infected clothing and bedding can be sent, either to be destroyed or to be purified. Several distinct apparatuses are required—a furnace for burning articles not fit to be purified, a hot chamber for disinfecting things which would be damaged by boiling water, and the ordinary appliances for boiling, washing, and drying linen. A properly constructed truck or other vehicle would be required to remove infected articles. If such arrangements were made and properly carried out they would be of very great value in arresting the spread of infectious diseases. Dr. Hillier gives full particulars of the admirable arrangements made to prevent the threatened spread of cholera in the district last year, and urges the establishment of a mortuary building as speedily as possible.

THE FEVER AT MALTA.

A TELEGRAM from Malta on the 23rd announced that typhoid fever had broken out amongst the troops stationed there, and proved fatal in several instances. It appears that the 1st battalion of the 8th Regiment has suffered most. This regiment occupies Lower St. Elmo barracks, a building which has long had great notoriety in respect of the amount of miasmatic disease it commonly furnishes. The sanitary defects inherent in almost every barrack building at this station are such that we need feel no surprise at the occurrence of fever at this season, particularly when we consider the peculiarities by which the climate has been marked during the present year—namely, the prolonged heat and drought, in consequence of which more than the usual amount of stagnation and decomposition of sewage must have arisen. What the drought has been, and what the sufferings of the poorer classes have been, may be inferred from what we heard the other day from a medical officer lately arrived from Malta. He said, that on the Cottonera side of the Grand Harbour, the poor, to the number of 50 or 100, crowd around the few fountains which exist, and which still continue to eject a languid jet of water, waiting to fill their vessels, and that a policeman regulates the distribution so that each is served in turn. It has often happened that some of these poor creatures have waited for three or four hours before they were able to obtain any supply, and it was then much less than they needed. The vessels belonging to the fleet have done what they could towards providing condensed water. The heat of the climate, the dirt, poverty, and overcrowding of the civil population; the badly constructed and badly devised system of drainage; the very porous nature of the sandstone formation of the island and its buildings, render Malta about as undesirable a place of residence during the summer as can well be found.

GROUSE DISEASE.

A GENERAL impression exists that the endemic known by this name is due to the presence of tapeworms in the intestinal canal. It is true that these parasites are found in grouse after death, but certainly not in more considerable numbers than would be the case if the birds were not affected with the so-called "grouse disease." People seem to forget that birds of all kinds are liable to harbour these parasites. In the view of making this subject more clear to the public, we understand that Dr. Cobbold intends (at the forthcoming meeting of the British Association at Dundee) to offer some remarks on the prevalence of entozoa in the common fowl and in game birds generally.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

AT a Council meeting held on Tuesday last, it was announced that 370 graduates had joined the Association; and that the Duke of Argyll, Professor Lyon Playfair, and the Professors of Medicine, Natural History, and Divinity in the University of St. Andrews, had become honorary members. It was arranged that any deputation to Mr. Disraeli or the Lord Advocate should be deferred until the time when the new Scotch Reform Bill was being considered by the Government; but it was hoped that in the meantime each graduate would urge the matter on the consideration of every member of Parliament with whom he had any acquaintance.

The question of admitting further members by ballot is to be considered at the next meeting. Arrangements for the general session, to be held on the 2nd and 3rd of December, were made; and papers were announced from Dr. Richardson, Prof. Playfair, Drs. Day, Edwards Crisp, Procter, Powell, Bishop, Whitmore, Wynn Williams, Sedgwick, and others.

Amongst the country members of Council who showed their earnestness in the work by coming up to London were Dr. Macintyre, of Odiham; Dr. Roden, of Kidderminster; and Dr. Fayrer, of Henley in Arden.

THE PROJECTED MILITARY EXPEDITION TO ABYSSINIA.

SOME decisive preparations are being made for this campaign. The troops to be employed will number 12,000 probably, and will be composed of three European regiments from India, with some native corps of infantry and irregular cavalry. The military medical authorities are organising their plans for sanitary and hospital arrangements. The head of the sanitary branch of the Army Medical Department has been in conference with the Admiralty as to the shipping transport required. Three vessels are being fitted out as hospital ships. These will be utilised in two ways—as floating hospitals at the base of operations, and as transports for sick and wounded soldiers.

The necessity for such ships as part of an expedition has now been fully demonstrated. Their importance in the present instance, where we have to effect a landing, and conduct a warfare in a distant and unknown country, is obvious. The system answered admirably, it will be remembered, during the last Chinese war. The Army Medical Department on that occasion, probably, was allowed to exercise a larger amount of power than it had ever done before; and the results, as far as regards the sanitary state of the forces and the hospital organisation, were excellent. The design and arrangement of the ships employed there as floating hospitals were alike good, and the experiment was a most successful one. A campaign in Abyssinia might afford an opportunity for testing the new mode of carrying the ammunition in pouches.

We trust it will not be forgotten that diseases resulting from animal parasites are endemic in Abyssinia. It is probable that the drinking water is the vehicle by which these parasites in an early stage of existence find their way to the interior of the body. There is a bisexual worm, the Bilharzia hæmatobia, very common on the borders of the Nile, and, according to Greisinger, very frequently discovered in post-mortem examinations. Its presence gives rise to several important symptoms: there is strong evidence for supposing that the dysentery of the locality may be due to the presence of these parasites and their ova; there are besides well-marked affections of the urinary organs attributable to the same cause. The small round hair-like worm, the Trichocephalus dispar, is also prevalent in Egypt and Ethiopia. The Sclerostoma

duodenale is also, according to Bilharz and Greisinger, remarkably abundant in the same places, and gives rise to serious disease. But most important and most common of all is the Filaria medinensis—Dracunculus or Guinea worm. It may be stated while 10 per 1000 of the troops in Bombay suffered from Dracunculus, as many as 246 admissions per 1000 from this complaint arose among the soldiers serving on the Gold Coast. It takes up its residence in the cellular tissue beneath the skin, producing serious inflammation and disablement. It is essentially a tropical parasite, endemic to the climate, and finds its way probably from the water of stagnant tanks and pools, boring through the skin of the bare feet of natives and others. Most important in every way will it be to attend zealously to the supply of good water for the soldiers. The Indian officials should be able to utilise their experience of malarial and other pernicious fevers to peculiar advantage.

THE VENTILATION OF THE UNDERGROUND RAILWAY.

THE *Builder* very justly argues that people are hindered from using the Metropolitan Railway on account of the foulness of the air. It would require a very rigid proof to satisfy medical men that this closeness had by itself, and apart from the usual incidents of a railway journey, "accelerated congestion of the lungs," as a jury has recorded that it did in the case of a patient who died in St. Mary's Hospital. But that the air of this railway is often very close, and does not meet the necessities of respiration is most certain; and that many persons avoid the line on this account is equally so. Indeed, until this evil is remedied we should advise travellers to prefer the slower modes of conveyance. It is the inevitable disadvantage of this line to be without daylight; it is therefore doubly necessary that it should be well ventilated. We cannot believe that a line which exemplified such great feats of engineering skill will be permitted to remain defective in this vital respect. The assertion that explosive gas is likely to collect and to constitute a special source of danger, similar to that which exists in mines, is a mistake, and can only be recommended on the score of plausibility by those ignorant of the commonest knowledge of chemistry.

MEDICAL EXPERIENCES OF RECRUITING IN THE AMERICAN WAR.

ON the 3rd of March, 1863, the office of Provost Marshal General of the United States was created; within the next few weeks a complete organisation was at work in the arrest of deserters, the enrolment of the national forces for draft, and the enlistment of volunteers, since the strength of the army was deemed wholly inadequate at the time, and some 400,000 recruits were needed to satisfactorily fill the ranks. The direction of a medical branch of the department was entrusted to the hands of Surgeon Baxter. In each district boards of enrolment were formed, and the surgeons attached thereto examined the recruits before they were enlisted in order that the hitherto great loss from physical disability might not be repeated. The reports were sent to the chief office at Washington, and contained a full account of the condition of all recruits, substitutes, drafted and enrolled men during each month, and, moreover, the final results of the proceedings of the boards in each congressional district. The report contains a mass of statistical matter of the highest interest to those who will take the trouble to analyse it, showing the various causes that led to the rejection of men, the number of men examined, and the prevalent diseases of individual districts. The tables exhibit a more complete view of the physical condition of the American nation than has hitherto been obtained. Mr. Baxter, in reference to the influence of the nationality of the recruit, notices that most officers gave it as their opinion that the physical, moral, and intellectual characteristics of the American gave him the precedence over men of other nations in respect of fitness for war. In regard to the negro stock, we learn that five surgeons gave their opinion that the negro recruits and substitutes examined by them were physically a better class than the whites: nineteen that they were equal, and two that they were inferior; a favourable opinion as to their fitness for the army was expressed by seventeen officers; a doubtful one, because of the non-possession of facts to go upon, by forty-three; an unfavourable judgment by nine; and a statement of not having come to any decided opinion by twenty. It seems that there was not found in the negroes a larger amount of disqualification of a physical kind, comparatively, than in whites. The number of drafted men examined under Mr. Baxter's rule was 605,645, and 155,730 were rejected as unfit for service, being in the ratio of 257·38 per 1000. The mode in which the medical examination was conducted is detailed in the report at length.

It will be allowed that very reliable and satisfactory data in regard to the health of the community, as a whole, have been obtained by Mr. Baxter, through his subordinates, and ought to form the groundwork for estimating the mode in which different diseases are distributed among the American nation, and probably the causes that lead to the production of these diseases, thereby tending to the future improvement of the national health.

CHOLERA IN INDIA.

BY the latest information received from India, it appears that the total extent of sickness and mortality from choleraic disease in the Bengal Presidency, since the first outbreak of the disease there, has been 430 admissions, with a mortality of 252. Of these numbers ten were officers, of whom seven died, including, we regret to say, Assistant-Surgeon Tulloch of the 42nd Highlanders, who died at Murree on the 16th ultimo. The troops stationed at Peshawur have suffered most. The reports from Madras are very satisfactory. During the month of April, there was no case of cholera, nor any epidemic disease present among the troops. An officer of the Royal Artillery died from the effects of injuries inflicted by a tiger.

ALPINE DANGERS.

NOW is the season when journals will teem with narratives of hairbreadth escapes, dangerous ascents, and, it may be, with fatal catastrophes from Alpine travellers. With foolhardy excursionists over all but impossible mountain tracts, with or without guides, we have nothing to do. To achieve something which no other person has performed appears to be the crowning ambition of many young and ardent spirits. Without any sympathy for those who peril life and limb in such a cause, the courage and perseverance necessary for the task compel admiration. Those who make these perilous adventures do so with the full knowledge of the dangers to which they are exposed. It is to be regretted that the fine qualities they bring into action should not be displayed in the attainment of some more useful and sensible object. We have to deal, however, with a numerous class of less ambitious, but, in some respects, not less incautious persons—those who regard "safe" exercise upon the "mountain heights" as always beneficial, and never injurious. Exercise in these regions, however, requires to be taken with certain precautions, and within judicious limits. The athlete may make what may be termed excessive exertion, even in a rarefied atmosphere, without anything more than a temporary inconvenience; but this is not the case with those who have not been inured by training for these extraordinary calls upon bodily endurance. How many a one has fallen exhausted by the way from a fatigue which he was unable to encounter. How many a one has been seized with hæmoptysis from incapacity of the lungs to bear the rarefied atmosphere. Medical practitioners are well acquainted with these cases. They do not figure in the columns of *The Times*

as an "Alpine escape," or a "daring exploit," but they entail upon the subjects of them, in many instances, a life-long suffering, and in others an acute illness which terminates only with death. People are apt to regard these cases as merely fanciful and hypothetical; but they are stern realities. The warning and the caution which they inculcate are ignored or disregarded. Season after season we have written on this subject in the interests of the public. Once more we "raise the signal." Those who reject the sign have only themselves to thank for the evils which may follow their reckless temerity.

WHO IS TO BLAME

WE gather from among the news received from the Cape, that the 32nd Regiment has embarked, and is on its way to the Mauritius, to relieve the 22nd. Our readers may remember that the 32nd was one of the regiments detained at the Cape, in consequence of the alarming nature of the accounts of yellow fever prevailing at the Mauritius. It is true that the disease was abating, according to the latest intelligence from that island, but the epidemic has by no means entirely subsided. Fresh cases of fever continue to make their appearance, the warm season is at hand, and nothing whatever has yet been done to remove or diminish the existing local causes of disease there. Under these circumstances, we think, there were sufficient reasons even to justify the removal of all our remaining troops; instead of which, we now learn that the authorities at the Cape have thought fit to expose a fresh regiment to the very manifest risk of loss of health, invaliding, and death. Unless the military authorities are in possession of some new facts, and have very strong reasons to urge for this measure, it must be considered a very ill-advised one and likely to be fraught with danger.

THE OXIDATION OF ALKALOIDS IN CORTEX.

SOME very interesting experiments have recently been made by Dr. Davy on the changes which occur in vegetable substances when kept under different circumstances, and they would seem to show that by exposure to the oxidising action of the air the alkaloids in the cortices of various trees may undergo considerable alteration in composition, and give rise to principles altogether different from those which exist in the freshly obtained bark. If this be so it has an important bearing upon the question of therapeutics. There is *à priori* much reason to think that the results of Dr. Davy's experiments express a truth of wide applicability. Dr. Davy found that some twigs from branches of one of the poplars after a while acquired an odour exactly like that of the meadow-sweet (spiræa ulmaria), and he found that this change occurred not from accident but naturally, and that the odour was due to hydride of salicyl formed normally in the flower of the spiræa ulmaria. The poplar contains salicin and populin, and both these afford the hydride when oxidised; but Dr. Davy thinks it is from the populin that the hydride of salicyn is obtained. In the change noticed grape-sugar is also produced. It is the bearing of the question on the all-important subject of the modification of the character of the contents of "barks" by keeping that possesses interest to the physician.

THE YELLOW FEVER AT JAMAICA.

FROM the accounts received by the last mail, it is evident that the disease manifests no signs of abatement. It may now be said to be epidemic. The troops at Newcastle have suffered severely. Ten deaths had taken place in the 84th Regiment since the date of the last mail, but none had occurred in the Royal Artillery, although encamped at Newcastle in the same position as the 84th. The admissions have been almost, but not quite, exclusively from huts. With the exception of three companies, all the troops are now occupying tents. The cases are described as having been very severe, and resisting all treatment; but latterly they have improved, and the symptoms have assumed a more distinctly remittent type. There had been several fatal cases at Kingston. Two civil practitioners on the island had fallen victims to the disease.

THE PRINCESS OF WALES.

RUMOURS have been afloat during the last few days that her Royal Highness's state of health at Wiesbaden was such as to cause very serious anxiety. We are glad to be able to state that there is no foundation for the reports. The last accounts of the Princess's health are of a satisfactory character.

ROYAL LUNATIC ASYLUM, ABERDEEN.

DR. ROBERT JAMIESON gives a satisfactory account of the Royal Lunatic Asylum in his report of that institution dated 1867. He states that the mean number of resident patients was 369; that the admissions last year were considerably above what they had been during the preceding year. Sixty-six cases were discharged, and twenty-nine more left for various reasons; thirty-one patients died. Small-pox effected an entrance into the asylum, but did not prove fatal to any of the inmates. It was traceable to the incautious engagement of a female servant from the infirmary. Everything seems to have been done by the superintendent to enhance the comfort of the lunatics, bodily and mentally.

CHLORINE DISINFECTION.

A COMMUNICATION on "Disinfection by Euchlorine in Continuous and Regulated Flow," of a very practical character, was recently made to the Manchester Medical Society by Mr. Stone, the professor of chemistry at the Manchester School of Medicine. In 1866, Mr. Stone was called upon to advise the justices of the Hundred of Salford as to the best means to be taken with the view of preventing the spread of cattle plague, and he drew up a report recommending that a uniform and systematic process of disinfection by chlorine be undertaken by a portion of the police constabulary (119 men); and this was carried into effect, each officer being provided with a suitable kit, containing every requisite for the generation of the gas, and a dress enveloping their ordinary clothes. This arrangement operated very beneficially. The chlorine was generated by dropping a few grains of chlorate of potash from time to time into a wine-glass two-thirds full of muriatic acid. This was done twice a day in all shippens. The clothes of the persons employed in disinfecting were expeditiously chlorined in this way: a small bandbox was made, perforated with holes and lined with sponge; into this box pumice-stone wetted with strong hydrochloric acid was put, and then a pinch or two of powdered chlorate of potash added; this box, together with the clothes, were put into an oil-skin bag together for a while, and constituted, on a small scale, a "portable quarantine hospital."

Incited by the success of his chlorine system, Mr. Stone has attempted to adapt it to medical wants and requirements, and has made an apparatus which will continuously and with graduated flow supply chlorine in such a way as to be available for use in the sick chamber or the wards of an hospital. As a substitute for disinfection by chloride of lime, it is infinitely preferable for obvious reasons. Hitherto the physician has possessed no mechanism by which he could regulate the amount of chlorine generated, but Mr. Stone's arrangement is apparently free from this objection, and its utility should be tested by the profession.

The *Army and Navy Gazette* is credibly informed that the statement made by Mr. Corry, in reply to Dr. Brady, concern-

ing the quarters in the marine barracks at Deal, cannot have been truly reported, as the quarters from which the staff surgeon has been removed, thus putting the Admiralty to the additional expense of quarters for that officer out of the barracks, have, since his withdrawal, been added to the quarters of the Colonel Commandant, who resides next door, by cutting a new doorway through the wall separating the two sets of quarters, which is not the purpose for which the removal of the staff surgeon was sanctioned by the Admiralty.

THE Hexham Board of Guardians unanimously determined at their last meeting to increase the salaries of their medical officers above 60 per cent. A good example, and one worthy of being followed.

A FULL number of hands are now actively engaged in the erection of the building in Burlington-gardens to be appropriated to the use of the University of London. Mr. Pennethorne's new elevation in the classic style has been adopted.

THE

PRESENT STATE OF SURGERY IN PARIS.

BY SAMPSON GAMGEE, ESQ.,

SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM; FOREIGN CORRESPONDING MEMBER OF THE SOCIETY OF SURGERY OF PARIS; LATE STAFF SURGEON OF THE FIRST CLASS.

AT a moment when so many are crowding to Paris, and wondering at the progress made by the French nation in a variety of manufacturing and industrial departments, in which, not many years ago, we enjoyed a clear, and scarcely questioned, supremacy, while they still hold the pre-eminence in Art, it occurred to me that I might spend a fortnight's holiday so as to be of use and afford interest to others, as well as to myself, by revisiting the Paris hospitals.

It is impossible for an unprejudiced Englishman—especially if he possess that essential element to impartiality, a complete knowledge of French medical literature—to visit the halls of the Ecole de Médecine and the wards of the Hôtel Dieu or La Charité, to sit in the Society of Surgery and discuss with Larrey and Ricord, Chassaignac and Maisonneuve, Verneuil and Broca, without reflecting how deeply English Surgery is indebted to the French. That Ambroise Paré was the founder of modern surgery is one of the few facts, in the history of our profession, admitted beyond dispute; and although some writers have complacently styled Richard Wiseman the English Paré, I do not see how the serjeant chirurgeon of Charles II. can be fairly confronted with the great Huguenot, who lived down the sneers of the then omnipotent Faculty of Physicians; did much to establish anatomy as the chief pillar for the foundation of surgery; did more than any other man to banish the barbarities of the surgical practice of the ancients; won the esteem of the people, the love of the army, and by his fine and lofty virtues made as deep an impression on Catherine de Medicis as old Larrey did on the first Napoleon. Yes, Paré was much more than the founder of modern surgery; he was one of the purest, most self-denying, humane, and high-minded men that our profession has ever given to the world.

The first Englishman who won a great name for English surgery beyond the channel was Cheselden. As a scientific surgeon his contemporary, Jean Louis Petit, was a very formidable rival, perhaps superior; but the great surgeon of St. Thomas's—the first to make an artificial pupil—had the satisfaction of demonstrating his famous method of operating for the stone to Moreau, who was specially deputed by the Paris Academy of Medicine to proceed to England for the purpose of making himself and his countrymen acquainted with the process. Assuming our pre-eminence at this epoch, we cannot claim that it was long-lived; for the great men who composed the French Royal Academy of Surgery constituted the most learned and powerful council, for the advancement of surgery, that the world has ever known. Would that to the study of their Mémoires and Recueil de Prix were devoted some of the time which is now, with such inconsiderate lavishness, spent on the publication of scanty facts, incomplete observations, and unripe thoughts. We might certainly in that case have to deplore the loss of a few authors; but it is possible that those who had themselves studied sufficiently to be worth being read and thoroughly digested might be so far increased and bettered as to compensate, in some measure at least, for the debatable numerical loss.

The days of Ledran and Lecat, Louis and Camper, Lapeyronie and Quesnay, were indeed palmy ones for our own section of the science and art of medicine. The physicians who had so sneered at Paré were now nowhere in the race. Science and practice, philosophical initiative, and logical argumentation were with the surgeons.

The old Surgical Academy was one of the glories which, like Lavoisier, perished with the first French revolution, though its demise was a bloodless one, unlike that of the great chemical philosopher. From that date our successes were in the ascendant. But the first heat in the new race was a close one; so near indeed that I am not quite prepared to say with whom rested the victory—with Pott or Dessault. The latter figures to somewhat undue advantage in his works, through his having had the good fortune of such an editor and expositor as his great pupil, Xavier Bichât; but, this notwithstanding, I am far from disposed to give up Pott's claim. His writings are classical, erudite without being tedious, eloquent without pomposity; and his surgery was scarcely more remarkable for its thorough soundness than for its bold originality. It is curious that the two great surgeons are often contrasted, disadvantageously for our side, on one of the subjects favourite to both—the Treatment of Fractures of the Limbs; I say curiously, because each author treated the theme in a manner rather characteristic of his colleague's nationality than of his own. Percival Pott's chapters on the Treatment of Fractures overflow with argument; Dessault's are crammed with detail. The former is ingeniously theoretical; the latter rather rudely empirical. Pott's practice in this matter was unquestionably imperfect, and I cannot understand how such a physiologist as Bichât could have allowed Dessault's faulty reasoning to go to press. Nevertheless, I have no hesitation in saying that the time is not far distant when surgeons will admit Percival Pott to have been the writer who first demonstrated the fallacy of the Hippocratic treatment of fractures, and laid down many of the cardinal principles of the reform which Dessault's pupils, convinced, by experience, of the faults of their master's practice, and, by reading, of the merits of his rival's views, eventually carried out. Need I say that I refer to the elder Larrey, to Velpeau, and Seutin.

The glory of John Hunter's work is exclusively English, and the monument he raised stands now without a parallel.

In the surgical triumvirate which ruled Europe after the wars of the first Napoleon, it is not easy to say to whom the first place belongs. In the little hospital of the comparatively insignificant town of Pavia, Antonio Scarpa had not the scope of Dupuytren at the Hôtel Dieu, of Astley Cooper in the Borough; but as an anatomist, physiologist, and surgeon in one, I am not certain that the palm does not rest with the illustrious Italian. Of the two others, Dupuytren was the greater man, and exercised a wider and more profound influence on the surgical epoch in which he lived than did the clever and dexterous, but unphilosophical and, personally, too ambitious English baronet. Sir Astley Cooper was throughout his life a splendid illustration of the proverb that "nothing succeeds like success." As between the two men who held the first surgical position in their respective countries in popular estimation, I have avowed the belief that Dupuytren was the greater. Yet the chief glory of the time did not belong to France; for Scotland, who had already given us Benjamin and John Bell, sent forth their kinsman, Charles, from the Royal Infirmary of Edinburgh.

What a contrast between our two baronets—at no period of their life more striking than at its close. Sir Astley died wealthy and full of honours; Sir Charles poor and all but broken-hearted, yet he was the man of the most rare ability, the finest nature. He will be in the lively and affectionate recollection of students long after Cooper has ceased to be anything more than a name. How imaginative was Bell, even to the poetic! how thoroughly was he a student of nature and a lover of art! how ingenious! how skilful! what a brain and a heart and a hand in one! Yet, with far less of intellectual power, of scientific enthusiasm, and of *sacré feu*—true genius,

—Sir Astley Cooper distanced his unhappy rival in the race for fame, chiefly because Sir Charles Bell was too much of a student, too little a man of the world; too susceptible, too impatient; not sufficiently reliant on the substantial though often tardy justice of the verdict of thinkers, even to men of their generation, to say nothing of the unrelenting justice of the verdict of posterity. Withal, Charles with Benjamin and John Bell founded a surgical name which challenges France, and the world.

We owe yet more to Scotland for advantages in the international comparison. I am perhaps too attached to Liston's memory, too deeply impressed with his power as a master of surgery, and not sufficiently forgetful of his touching personal history and end, to say what place will by-and-by be awarded him in a group with Syme and Fergusson; but certain it is that the three—the two seniors, Liston and Syme, especially—gave an impulse to practical surgery in England which Roux, Lisfranc, and Velpeau never quite came up with.

In quoting the last-named *savant*, I am reminded that he died on Saturday, and that I have to obey an honourable summons to his funeral this morning. I have barely touched upon the surgery of the last half century, and must reserve to my next communication the filling up of the wide and important hiatus. I have, I trust, not entirely failed in the twofold purpose of this introduction—to refresh the historical recollections of my readers at home, and to prove to my colleagues in this Society of Surgery that I have not revisited their hospitals without a full knowledge of their great deeds; and that, if I am forced to look upon the present as an epoch eminently honourable to ourselves, I make the admission very fully and with great pleasure that the superiority of contemporary English surgeons does not amount to more than winning another heat in the long, exciting, and chequered race for knowledge, in which the French have so often been our masters and the undisputed victors.

It is an interesting coincidence that Velpeau, who has done so much for the education of surgeons throughout the world, should have died (August 24th) while the International Medical Congress was holding conference in the grand amphitheatre of the Ecole de Médecine, thus affording many hundreds of the old pupils of La Charité, from all parts of Europe and America, the opportunity of testifying reverence for their favourite professor.

The funeral ceremony was appointed to take place this morning at ten o'clock at the church of St. Thomas d'Aquin. I found the whole *façade* and interior of the edifice draped with black cloth, to which at intervals the letter V was attached. A few minutes after ten the muffled drums of the National Guard were heard in the distance, 100 citizen soldiers being in the *cortège*. Presently the veteran Laugier and the academician Chevreuil slowly passed up the church, closely followed by Nélaton and Ricord, both of whom bore painfully evident traces of telling age and present sorrow. All sections of the Institute of France were largely represented; and the *gros bonnets* of the Faculty were thronging in when a procession of priests and choristers advanced to receive the coffin at the central door. The full choral service was impressively grand; and it was a quarter past twelve before the *cortège* moved from the old Professor's parish church towards the cemetery of Mont Parnasse. While the procession was being marshaled afresh, I moved about the crowd which thronged the square in front of St. Thomas, speaking of the common loss to professors and students, and to a number of the people, many hundreds of the working class being present. One poor woman, whom I asked if she had known Velpeau, exclaimed with tears in her eyes: "Ma foi, oui; et il était bien bon, et bien célèbre"—the recollection of his goodness preceded that of his fame. Colleagues and pupils, in scarcely different words, gave expression to one feeling of admiration and gratitude; and I should gladly relate their testimony, but that we must move on to the cemetery of Mont Parnasse. Thousands assembled round the family vault as the remains were gently deposited in it. The outer coffin bore no ornament whatever. The name was inscribed on a brass plate barely as large as the palm of the hand; the iron handles were not even burnished—merely filed smooth. In a few moments the concluding religious ceremony was over, and Chevreuil appointed to sprinkle a few drops of holy water into the tomb. It seemed as if the old academician was jealous that Velpeau's last earthly blessing should be from the hand of one of those priests of science with whom, in the Institute, he had fought for the truth so bravely, and so successfully resisted the pressure of the Imperial hand everywhere else all but omnipotent.

As Nélaton drew near, he turned to the vast assemblage, and, with a deeply affected voice, addressed them from a manuscript which he held with trembling hand. It was only by availing myself of the honourable and deeply valued privilege of standing between M. Chevreuil and the illustrious orator that I could hear his words with sufficient distinctness to take down the heads of his discourse, which I translate:—

Alfred Armand Louis Marie Velpeau was born at Brèche, a small town of the Indre-et-Loire, on the 18th May, 1795. He was the son of a farrier, and learnt to read in the corner of the forge, when resting from the fatigue of shoeing horses. An old "Traité d'Hippiatrique," one of the three works which constituted the paternal library, was young Velpeau's textbook. With the fruit of trifling savings he found his way to Tours, there studied French and Latin grammar, and made himself useful to Bretonneau. The hospital of Tours, like many others, was at that time so crowded with the wounded from the battle-fields, that help was much needed; and the young farrier from Brèche tendered it so zealously and efficiently that, on the advice of Bretonneau, he was, in 1816, made *interne* to the hospital, without fees. In 1820 he made his way to Paris. In 1821 the prize of the Ecole Pratique was adjudicated to him, and he became *aide d'anatomie*. Not until 1823 did he attain the doctorate. By *concours* he was appointed surgeon-in-chief to La Pitié in 1830. In 1842 he became the occupant of the chair just left vacant at the Institute by Larrey. Velpeau was one of the first to diffuse in France the taste for foreign medical learning. As an operator he was prudent as he was skilful. As an antagonist he was no less regardful of persons than bold in attacking doctrines. All honour to his talent and to his merit. Velpeau! you leave a great name. You have taught a grand lesson: that by unceasing work, with a high sense of moral duty, a man may, without help, in spite of privations and difficulties, achieve his own greatness. *Adieu, cher Maître;* Velpeau, *adieu!*

As Nélaton retired with these closing words, Prof. Richet approached the vault and delivered another oration.

If I have tired my readers I regret it. I candidly confess I might trespass further, but that I need a little rest myself. Velpeau has followed Lawrence closely, and the temptation is strong to draw a parallel of French and English surgery in the two great men; but I must reserve it till next week.

Paris, 26th August, 1867.

REPORT OF THE INTERNATIONAL MEDICAL CONGRESS

HELD IN PARIS.

SECOND DAY, SATURDAY, AUGUST 17TH.

EVENING MEETING.

M. BOUILLAUD IN THE CHAIR.

THE afternoon meetings are circumscribed within a strict programme, the terms and bearings of which had been made known beforehand. They are, therefore, exclusively taken up with one fixed question forming a part of the programme, either in reading memoirs which bear upon the subject, or in discussing the subject itself. The evening meetings have a less formal character: memoirs may be read upon different subjects, and incidental discussions may take place. A greater initiative is left to the members, and the sittings are, therefore, more lively and interesting.

M. BROWN-SÉQUARD was to have opened the proceedings of the evening with a memoir "On the Signs of Cerebral Disease." Unfortunately the death of his friend, the lamented Bazire, suddenly called him away from Paris, and the Congress was deprived of the pleasure of hearing him.

M. JACCOUD read for M. RAMIREZ, of Madrid, a paper bearing the title, "A New Operation for the Treatment of Abscesses of the Liver." This consists in the puncture of the organ. The author prefers this mode of operation to that of Begin and Récamier, in which it is previously necessary to secure the adherence of the liver to the thoraco-abdominal walls. He has tried it several times with success in Mexico, where hepatic diseases abound. The operation is most harmless.

A discussion arose between M. BOUCHUT and M. GALEZOWSKI, both laying claims of priority to the new application of the ophthalmoscope in the discovery of cerebral and spinal diseases. M. Bouchut has published a large and complete work on the subject, and has undoubtedly the merit of having first fully brought the subject before the eyes of the public. M.

Galezowski claims that his investigation of basilar tuberculous meningitis, by means of the ophthalmoscope, an investigation with which he had acquainted M. Bouchut, had led this gentleman to pursue his researches in the same direction *sub judice lis est*.

M. GALEZOWSKI read a memoir "On the Alterations of the Retina and Choroid in Tuberculous Diathesis."

M. GOURDON (of Paris) said he had lately been making experiments with several remedies which had been extolled in America. Injections of nitrate of silver, advocated by Dr. Green for the cure of cavities, had produced no good. He had also tried petroleum, but with no success.

M. MARCHAL (de Calvi) read a paper on "Hurtful Remedies in the Treament of Pulmonary Phthisis." Under this heading he included preparations of iron, of sulphur, of iodine (the worst of all), and even of bark. Iron, while it cured anæmia, excited hæmoptysis; sulphur and iodine acted in the same way, and brought on bronchial hæmorrhage. The sulphurous waters, such as the Eaux Bonnes, Enghien, &c., were very hurtful. The preparations of iodine, which were most useful in scrofulous cases, created much evil in phthisis. All *active* medicaments must be discarded. Hygienic measures only were to be employed. Change of air was the best of all; but to effect this it was necessary to know which places were the best—where pulmonary phthisis prevailed less. A good medical geography was a great desideratum.

M. AUZIAS-TURENNE celebrated the virtues of that most humble plant of our kitchen-gardens, garlic. He considered it most useful, not only as a remedy, but as a preservative. Three pods of garlic, taken morning, noon, and night, would do wonders, while the offensive odour would be effectually concealed by chewing cachou.

Professor O'LEARY (of Ireland) said that he had seen the most beneficial effects follow the use of inhalations of iodine.

Professor MARKOVITZ (of Bucharest) said pulmonic phthisis may be divided into three distinct forms:—1. The hæmorrhagic form. 2. The acute form (galloping consumption). 3. The chronic, or torpid form. Treatment would differ according to each particular form. Active medicines are not suitable in the first two, but exercise a favourable influence in the third.

M. LOMBARD (of Geneva) preferred hygienic to therapeutical measures in the treatment of phthisis. He advocated hygiene, a good diet, good food, and a favourable climate. The altitude of different climes, through a diminution of the proportion of oxygen, exercised a most favourable influence. The fact had been proved in Mexico, in South America, and in Switzerland. He would, therefore, strongly recommend a respiratory diet, or, in other words, a prolonged habitation on elevated lands.

Professor HALLA (of Prague) spoke likewise against active medicaments; they had the evil effect of disturbing the digestive functions.

This part of the proceedings being then concluded, M. VAN LOHE was allowed to speak on the subject which he had already agitated on the former meeting. He deplored that such vital questions as those which concerned the institutions, the teaching, and the practice of medicine, should not have been included in the programme. It was a sad fact, that while the last barriers which circumscribed commerce and industry were every day being abolished, the science and the profession of medicine should be surrounded with such numerous obstacles. It belonged to an International Medical Congress to combat for the liberty of medical institutions.

Professor PALASCIANO (of Naples) supported the motion. He said that it would be most useful thus to know the medical institutions of different countries, so as to favour their progress. He was happy to belong to a country where medical men were not fettered by special provisions, and enjoyed the same rights as their fellow citizens. This they might inherit from their parents; whereas, in France, medical men had not this right, as the late law proceedings in the inheritance of Duc Gramont Caduesse had shown. In like manner Italian jurisprudence had recognised their right as creditors in the expenses of the last illness of the patient; last, not least, the secrets which were confided to medical men on the exercise of their profession, were considered by law to be inviolable.

Professor CROCQ, of Brussels, praised the medical institutions of his country.

M. RÉVILLOUT, the editor of the *Gazette des Hôpitaux*, took an exception to what M. Palasciano had said in connexion with medical secrecy in France. No law in his country compelled medical men to denounce their patients. There were only some police ordinances with regard to this; but the Cour de Cassation allowed medical men the liberty not to divulge the secrets with which they might be acquainted.

Whereupon the PRESIDENT closed the debate. He celebrated the immortal principles of '89, which had emerged from France. He said that these questions of medical institutions, &c., had been largely discussed in the Congress of 1845; but this Congress, it must be remembered, was strictly scientific; and with the words, "*La séance est levée*," he virtually put a stop to all further discussion.

THE

RESULT OF SANITARY WORKS IN ENGLAND.

No. I.

DR. BUCHANAN'S inquiry, carried out under instructions from the Medical Department of the Privy Council Office, concerning the results which have hitherto been gained in various parts of England by works and regulations designed to promote the Public Health, is the first systematic investigation of this subject attempted in this country. The conclusions are given in detail in Mr. Simon's Ninth Report, just published (see THE LANCET of Aug. 10th and 24th). There has not been any lack of incidental demonstration of the benefits accruing to the public health from sanitary works; but it is not to be forgotten that English sanitary proceedings, "specially our modern works of town-drainage with water-supply," to use Mr. Simon's words, "have been great popular experiments in the management of the public health: experiments, it is true, which medical science could not deem of doubtful promise; but not the less, to the popular mind, experiments which must be judged by their actual fruits. Till the sanitary experience of our best-cared-for populations had been given fully and frankly to the world—experience ripe for critical and conclusive judgment,—the example of such populations could not be of general influence, nor could the advocates of sanitary improvement establish that their case was complete." To what extent that case is supported by experience Dr. Buchanan has endeavoured to elicit by his elaborate inquiry; and the results, it may be said broadly at the outset, are highly satisfactory. They are not only satisfactory as showing certain positive and direct benefits which fully establish the case of the sanitary reformer, but, equally important, they indicate the necessity for a differentiation (so to speak) of sanitary works in respect of particular populations, localities, and diseases, which must constitute the next great onward step of public-health works.

It is not possible here to do more than briefly point out the general conclusions of Dr. Buchanan's inquiry. To do justice to it, the mass of evidence embodied in his report must be read in detail. The inquiry involved many complicated and difficult questions. It applied to conditions differing widely as to period of operation and extent of development; it of necessity was largely based upon data open to great fallacies. To diminish the liability to error of conclusion was a work demanding much labour and thought. Dr. Buchanan has not removed all the sources of doubt affecting some of his conclusions; but it is certain that he has reduced the influence of these so greatly that, practically, his principal conclusions are to be received without hesitation.

The inquiry extended to twenty-five towns, containing an aggregate population of 606,186 persons, and varying in size from small places of 3000 or 4000 inhabitants to Bristol-with-Clifton, which had 160,714 inhabitants at the last census. "The towns were chosen, after consultation with the Local Government Act Office, as being places where structural sanitary works had been most thoroughly done, and had been longest in operation; and were not chosen for any previously ascertained improvement in their health." In some of these towns the structural improvements had but recently been made; in others they had been carried out several years before the inquiry. In the majority, however, the sanitary works had been sufficiently long in operation to admit of the investigation being made without its being deemed premature. The annexed comprehensive table, prepared by Mr. Simon, gives those numerical results of the inquiry upon which,

TABLE ILLUSTRATING THE IMPROVEMENTS OF PUBLIC HEALTH WHICH RESULT FROM PROPER WORKS OF DRAINAGE AND WATER-SUPPLY.

Population in 1861.	Towns in order of their Population.	Periods for which the Death-rates are compared.		Death-rates per annum, total and particular, per 10,000 of general Population, for each of the compared periods.															
				General Death-rates.		General Death-rates, after excluding Small-pox and other Infantine Epidemics.		Typhoid Fever.		Diarrhœa, excluding Cholera so-called.		Cholera in each of the three Epidemics.			Phthisis.		Phthisis and other Pulmonary Diseases of Women aged 15-55.		Death-rates of Infants under one year of age.	
		Before the Works.	After the Works.	Before the Works.	After the Works.	Before the Works.	After the Works.	Before the Works.	After the Works.	Before the Works.	After the Works.	1848-9.	1854.	1866.	Before the Works.	After the Works.	Before the Works.	After the Works.	Before the Works.	After the Works.
160,714	Bristol... ...	1847-51	1862-65	245⅙	242	215	205¾	10	6¼	10½	9¼	82	11	1¼	31	25½	16	13½	54	52
68,056	Leicester ...	1845-51	1862-64	264	252	236½	225½	14¼	7¼	16	19½	1	10	—	43½	29¼	17¾	16	84½	81
52,778	Merthyr ...	1845-55	1862-65	332	262	292½	221¼	21½	8⅝	11¼	6¼	267	84	20	38¼	34¼	15½	13⅞	80½	61
39,693	Cheltenham	1845-57	1860-65	194	185	182	172	8	4⅞	8½	7	—	—	—	28¾	21¼	15	11¾	40½	37
32,954	Cardiff ...	1847-54	1859-66	332	226	294	191½	17¼	10¼	17¼	4¼	208	66	15¼	34⅞	28⅝	All ages; both sexes: 66	58⅝	?	?
30,229	Croydon ...	1845-50	1857-64	237	190	207	178¼	15	5¼	10	7	27	21	2	?	?	All ages; both sexes: 59¼	49	?	?
29,417	Carlisle ...	1845-53	1858-64	284	261	244	225	10	9⅝	11½	12½	22	6	—	32	35⅝	16¼	16⅜	71	65½
27,475	Macclesfield	1845-52	1857-64	298	237	263½	217½	14½	8¼	11½	11	9	1	—	51½	35⅝	28½	22	77½	59⅜
24,756	Newport ...	1845-49	1860-65	318	216¼	275	187½	16½	10¼	11	6½	112	1½	12	37	25	14	12½	67¼	53¼
23,108	Dover	1843-53	1857-65	225¼	209	203	187	14	9	9½	7	40	10	4⅜	26½	21½	13¼	11¼	47½	46¼
10,570	Warwick ...	1845-55	1859-64	227	210	209⅜	191½	19	9	5⅜	8	10½	—	—	40	32½	16⅜	14⅜	51½	46⅜
10,238	Banbury ...	1845-53	1857-64	234	205	214	184½	16	8¼	11½	5¼	2	1½	—	26¾	15⅜	14½	9½	53	45
9,414	Penzance ...	1843-50	1856-65	221	222	197⅛	200½	7½	8	5½	9½	—	—	—	30⅜	29	13½	14	?	?
9,030	Salisbury ...	1844-52	1857-64	275	219	253⅜	198¼	7½	1⅜	6½	2½	180	14½	—	44⅓	22⅜	All over 20; both sexes: 53½	38¼	43	40
8,664	Chelmsford ..	1843-52	1855-65	196⅓	215	180	187½	12	12⅜	7	8	4	—	—	32½	32⅜	12⅜	14½	44	42⅜
7,847	Ely	1845-52	1859-64	228	205¼	210	186¼	10⅜	4¼	3⅜	4½	—	22	—	31	16⅜	All ages; both sexes: 48	36	50½	42½
7,818	Rugby... ...	1845-51	1855-64	191	186	164	164½	10	9	2½	7½	—	—	—	28½	16½	15	7	42½	45
7,189	Penrith ...	1845-52	1856-64	253½	250	235½	230½	10	4½	3½	4⅜	9½	2½	—	39½	37½	17	19½	55½	55½
6,823	Stratford ...	1845-53	1860-64	217	202	212½	178	12½	4	11¼	5⅜	—	—	—	26¾	26¾	14	13	46	48
6,494	Alnwick ...	1845-51	1856-64	262	247	240	221½	13½	8⅜	7	4½	205	—	—	28½	33	13¾	17½	?	?
6,334	Brynmawr ...	1843-52	1856-65	273⅛	232½	232	209	23½	10½	5	4⅜	100	—	—	28½	30	14½	13⅜	76½	69
5,805	Worthing ...	1843-52	1857-65	155	153	139	136½	7½	9½	4⅜	5½	—	—	—	30½	19½	14⅜	9⅜	24¼	22½
4,490	Morpeth ...	1845-52	1856-64	262	247	234	225	16½	10	8¼	14½	14	11½	—	30½	28	14	14⅜	56	57½
3,840	Ashby... ...	1845-51	1855-64	216	202¼	213	184	13½	5⅜	4	8½	—	—	—	25½	31½	16	13	48	31

when duly corrected, the broadest of our generalisations in the matter of inquiry must repose.

The nature of the sanitary operations carried out in the twenty-five towns has been various, and they have been variously combined.

"They have usually consisted of some or all of the following:—A. Of drainage works affecting (1) surface, (2) subsoil, or (3) houses. B. Of improvements in water supply, (1) amending or extending previous sources of supply, or (2) adding or substituting new sources. C. Of measures designed for the removal of decomposing organic matters, or for preventing contamination of air and water thereby, and which more or less completely fulfilled these objects—viz., (1) the substitution of a watercloset system for cesspools and middens, or (2) the drainage and improving of middens. D. Of improved paving, scavenging, and public cleanliness. And E. Of amendment of the lodgment of the inhabitants, the regulation of common lodging-houses, and the repression of overcrowding."

The results may be thus briefly indicated:—

Total mortality.—In the great majority of the twenty-five towns there has been distinct reduction of the total death-rate. In nine of them, having an aggregate population of 204,641, this reduction has amounted to about a fifth part of the previous rate of death. In eleven other towns the fall in the death-rate has been less considerable. In three or four towns (including one that has scarcely finished its works) the rate has been stationary, and one shows an increase in the rate of mortality since the period when the works designed for its improvement were executed.

"Some of the reasons," writes Dr. Buchanan, "for the position of towns on the above list readily occur. Thus at the head of the list, with chief reduction of mortality, are towns where the previous death-rate was most excessive, as in Cardiff, Newport, Merthyr, where it had exceeded 300 in the 10,000 yearly; and, secondly, towns where, along with sanitary improvement, notable change in the social or industrial condition of the population has taken place; of this, the chief examples are Croydon and Macclesfield. At the other end of the list appear towns that cannot yet have got the full fruit of their sanitary work, as Bristol and Penzance, or that had previously a death-rate close upon the necessary annual rate, as Cheltenham, Rugby, Worthing, and Chelmsford. These considerations require to be plainly kept in view if a judgment of the relative value of sanitary measures in various towns is to be obtained."

Infantile mortality.—The deaths of infants *under one year of age* (respecting the mortality of which there is no profit in separating the registered causes of death) have been reduced in the several towns very much, as the total mortality at all ages has been; the reduction having been greatest where the previous mortality among infants was excessive. "Thus at Merthyr," writes Dr. Buchanan, "for every 100 infants died before sanitary influences came into action, 76 only have since died. In Cardiff for that 100, only 78 have since died; in Macclesfield 77. In Newport their mortality has not so much subsided. In Croydon, where the altered circumstances of the town have brought about a largely increased birth-rate, more deaths of children, in proportion to total population, have been registered in late years than formerly, although the general mortality has so notably decreased. Of special influence, either in amount or kind, exerted by sanitary works upon children under one year of age, different from that exerted upon the total population, no evidence whatever has been obtained."

Contagious diseases.—All the members of this class of maladies have been carefully investigated in their relations to sanitary works; but, from causes which will subsequently be referred to, an accurate estimate of the influence of such works upon them cannot yet be made.

THE INTERNATIONAL MEDICAL CONGRESS.

(FROM A SPECIAL CORRESPONDENT.)

THIS mighty gathering has now been a full week in operation, and its meetings seem to grow in interest and animation as time wears on. The seats are well filled, though it should be carefully noted that, besides the members, they are occupied by numerous students of the Paris school. Great Britain still presents great weakness, both as to numbers and position. Few of the leading or influential members of the different branches of the healing art have thought proper to make an appearance; but perhaps they are not far wrong, as it cannot be denied that professional men of standing in the French capital are also absent. Take, for instance, what may be called the surgical meeting on the 21st inst. I expected to see such distinguished surgeons as Velpeau, Nélaton, Broca, Maisonneuve, Chassaignac, Richet, Giraldès, Jarjavay, &c. &c.; but none of these attended the Congress.

As to Velpeau, however, I am sorry to say that the veteran of French surgery is no more. On the 24th inst., the Congress and the profession of Paris learned with much regret that on that day Velpeau had died, almost suddenly. He had for several days been complaining of some urinary derangement, but continued his arduous labours as heretofore: the term of his useful life had, however, arrived, and this eminent man, but a few weeks after his friend Lawrence, closed a very distinguished career.

Of men of good standing, we had, at this surgical meeting, but Professor Gosselin, M. Verneuil, and M. Marjolin.

The complaints which were noisily expressed by many foreign members of the Congress have not diminished. It is still very keenly felt that no effort has been made for their comfort or amusement; that no opportunity has been afforded for reciprocal introductions; that no *conversazione* had, at least up to this day, been organised by the president; that no book, open to inspection, had been kept where members might inscribe their names, &c. &c. But the gravamen of the discontent is the forgetfulness of the committee as to the facilities which should be afforded to the members of the Congress for visiting such hospitals as are generally closed both to the public and the profession. I especially allude to the female venereal hospital of Paris (Lourcine), and the prison and infirmary for prostitutes (Saint Lazare). Surely measures should have been taken, and cards obtained by the committee.

Among foreign members, the Germans have been the best off. The Paris Medical German Society has taken them up, entertained them, arranged excursions, meetings, &c, &c., and used much exertion. At one of their meetings Professor Virchow read a paper, and altogether the German efforts have been the most successful.

Of course, all the general hospitals were open to visitors, and several members went to the fine pile of buildings near the Northern Railway, called Lariboisière. M. Verneuil showed several cases of interest, especially one of division of the lower lip by a bite in a quarrel, which division, on uniting, presented all the characters of *hard chancre*. By the way, I perceive that specialism has not invaded hospitals in this place, for M. Verneuil showed two cases of cataract recently operated upon. He discussed very lucidly the different modes of acting in such instances, and showed himself quite at home on the subject.

I am afraid London surgeons are wrong in allowing the noblest operations to slip through their hands. I think a surgeon should be as skilled in ophthalmology, orthopædics, &c., as in amputations and resections. On this head I must hold Mr. Syme's views in the greatest respect, and I beg to commend him much, touching his resolute practice in orthopædics and other specialties. I wish Mr. Syme had come to the Congress, or that Sir William Fergusson or Sir James Simpson had favoured us with his presence.

Some members also crossed the Seine, and, were it merely for the sake of "auld lang syne," went to the male venereal hospital where, years ago, Ricord was wont to reign supreme. The place is now very quiet, and even the well-known Cullerier, prevented by loss of health, is no longer there to uphold the old classical names connected with venereal complaints. I there found M. Simonet, a very courteous and able surgeon. He is a firm dualist, has dropped the proto-iodide for metallic mercury, inoculates regularly all his cases, and says he has not once succeeded in inoculating hard sores upon syphilitic subjects. A few foreign Congressionists attempted the Hôtel Dieu; and well they might, as the building will soon disappear. During the discussion in the Congress of the hygiene of hospitals, a speaker (M. Jeannel, of Bordeaux), regretted very much that the new Hôtel Dieu is to be constructed within a few yards only of large barracks.

The president of the Congress made a faint attempt at hospitality by stating that he would see visitors at his residence

three times a week, between eight and ten in the morning; he also said that members would be admitted free to the anthropological collection at the Universal Exhibition! What a contrast with the Dublin convivialities and excursions! Old Ireland has herein beat the Paris Congress. I say the *Paris* Congress, because those of Rouen, Lyons, and Bordeaux (of course, not international), were conspicuous for fêting and social entertainments. Give me small places for meetings of this kind. A German member of this Congress told me that, at Stettin, the municipality expended £4000 for the reception of the medical men who assembled there. Neither the Government nor the Faculty have recognised us *here*.

I was under the impression that the Ophthalmological Congress recently held at Paris had been a success; but I was told (not by a great authority, however), that it had somewhat fallen short of expectations.

But to return to our Paris International Congress. I must freely own that on Wednesday, the 21st inst., being the surgical day, considerable animation took the place of the dulness which had pervaded the two preceding meetings. Two good names, as I stated above, figured in the prospectus—Professor Gosselin and M. Verneuil; and, though their papers were rather long, the latter was received with much approbation. The subject, as fixed by the programme, was certainly one of importance, being no less than "The Constitutional Disturbances which Cause Death after Surgical Operations." M. Gosselin, being professor of surgery at the Faculty, was listened to with great attention when giving his views as to the prevention and treatment of erysipelas and pyæmia after operations. He advocates all those moral and physical measures which may tend to keep up the general health of the patients operated upon. When erysipelas occurs, he places the cases in private wards, and in his operations is especially careful about secondary hæmorrhage. Altogether, the paper was sensible and practical.

M. Verneuil's communication was extremely important: he showed, in a masterly manner, the influence of constitutional affections upon the results of operations — not only actual constitutional taints, but any peculiar tendency or diathesis of the organism.

These were excellent papers, and to the purpose. M. Marjolin, however, though certainly a man of parts, and son of a justly celebrated deceased surgeon of Paris, was allowed to read a paper (introduced into what ought to have been a discussion), on hospital hygiene, in which he entered into long discussions of a local kind. He seems to be a great favourite here, and, as he managed sharply to criticise the acts of the authorities, was much applauded. The communication was far from being of the practical kind of Professor Bourgade's (Clermont Ferrand), who dresses wounds after amputations very successfully with perchloride of iron; or of Professor Barbosa (Lisbon), who showed, by figures and clear statements, how, in his hands, the mortality after operations had been very small. Professor Labat, of Bordeaux, also told the Congress how much good he had done with ergotine.

The very numerous audience evidently took much interest in the communications, but still there had not been as yet any attempt at actual extemporaneous warm discussion, as we see it in England, when Mr. de Méric, having previously asked the authority of the president, stepped down and made an attempt at a little debate. He asked Professor Gosselin some questions respecting the dressing of stumps, directing M. Verneuil's attention to gangrene of the stump when amputation is necessitated by railway accidents, and contended, referring to the hygiene of hospitals, that originally the success of ovariotomy was partly owing to the healthy situation of the London Surgical Home.

The discussion now became very animated, and was carried on with much spirit, M. Koeberlé taking care to state, in answer to Mr. de Méric, that French surgeons, especially himself, had been very successful in ovariotomy. Herein he was certainly perfectly correct. Altogether, this turned out a successful meeting, the seats remaining occupied to the very end, contrary to custom. In the evening of the same day, several highly important communications were made, and among these was one from Dr. Drysdale, of London, who continued here his warfare against mercury. It is not unlikely that he will eventually find much support in Paris, for we see by the late very animated discussions in the Pathological Society that some surgeons in this metropolis have completely given up the use of mercury in syphilis.

On the 23rd, the fourth afternoon meeting was held, and this proved actually stormy. The subject, however, was not of a nature to excite a very warm discussion, and yet it came to pass that much of what might almost be called ill-feeling was evinced. The question, as stated in the prospectus, was simply this:—"Is it advisable to urge upon the authorities some energetic measures to diminish the propagation of venereal disease?" The discussion, however, took a sudden turn, and wandered into the *treatment* of venereal diseases, which turn, of course, gave rise to a noisy expression of divergent opinions.

Nay, before the reading of the papers began, Professor Béhier rose, and, in an animated speech, proposed that the wishes of the Congress should not resolve themselves into mere words, but that a committee should be appointed to take direct action, and drive Government into the proper repressive measures. M. Béhier was very sharp, and did not spare bitter criticism respecting the apathy of the powers that be. Herein he was much applauded, and it would seem that, like schoolboys, the French, though very obedient and submissive, are not sorry to shout a little against the master when an opportunity occurs. There was much of this kind of feeling here. At last it was resolved that the committee should be appointed after the reading of the papers and the discussion. The members of the Congress, it was urged, would of course scatter about, but their wishes would be collected and put in proper shape by the committee. These wishes would, therefore, have a lasting form, and turn out efficacious.

Now began the reading of the papers, no less than eleven of these being announced. Among them I noticed that two were in the shape of reports from medical societies, viz., one from Lyons, and the other from London. Such documents have certainly much weight, and the committees who prepared these reports deserve considerable praise.

The first paper was from Professor Vleminckx, of Brussels, and many members thought they would have the pleasure of seeing the author; but the paper was read by Professor Crocq, also of Brussels. From various statements which were here made, it would appear that in Brussels the sanitary regulations are very severe; females are examined three times a week, and a premium is granted to those who attend regularly. Some hilarity was excited by this clause. In fact, M. Vleminckx's paper seemed more laudatory of Belgian institutions than suggestive of measures to be urged upon Government.

Professor Jeannel's paper (Bordeaux), was a most important one. The author is a great authority on the subject, and has published a valuable book on the examination of females. He showed how much is yet wanted touching the detection of disease among unfortunates—he proved that venereal complaints are very frequent in rural districts, and that the poor women are forced from one small locality to the other, &c. The author, who seemed really in earnest in the matter, finally made a series of suggestions, and was warmly applauded.

The audience was on this day extremely numerous, and enormous interest was excited by the presence of M. Ricord, in the vice-chair. The eminent and veteran syphilographer soon assumed, in the temporary absence of Professor Bouillaud, the actual presidency, and this circumstance gave an additional interest to the debates. Many members and old pupils of Ricord were delighted to see their worthy master again, and the latter seemed no less pleased in shaking hands with his former disciples. I looked in vain for Mr. Henry Lee, Mr. Acton, or Mr. Hutchinson. The Report from the Harveian Society of London, translated by Dr. Drysdale, the secretary, was now read by Mr. de Méric, who, in a short preamble, explained how vigorously and indefatigably the Committee had worked, and how commendable were the exertions of Dr. Drysdale and Mr. Curgenven, the secretaries. The Report itself principally points to the great number of venereal cases in Britain, and the very inadequate accommodation provided for them; London, with its population of three millions, having but a few beds given up to such cases. Mr. de Méric subsequently read a short paper of his own, and then gave a sketch of some suggestions touching the measures to be adopted for repressing the spread of venereal diseases, by Dr. Popham, of Cork.

M. Rollet, a distinguished syphilographer of Lyons, then read a report similar to that presented by Dr. Drysdale, and, as it was very voluminous, only gave the deductions; these, however, took a long time to read, and were put down in a spirit of conciliation, the repressive measures being, however, warmly advocated.

M. Mongeot (Bar-sur-Aube, France), now favoured the meeting with his views on the question; these were not quite apposite, for he specially dwelt on his firm opinion that the principal character of the virus was the presence of

parasites. This idea had already been presented to the members of the Congress in a pamphlet by M. de la Plagne, freely distributed at the entrance gate. So able a syphilographer as M. Diday, of Lyons, is also imbued with this notion, and it would appear that the parasitical hypothesis is making some way. It is a great pity that M. Diday was not present at the Congress; his friends very much regretted his absence.

Several of the authors who were to read papers did not answer to their names, and M. Auzias Turenne's turn now came. This veteran champion of syphilisation launched into the most extravagant declamations against received opinions, slashed right and left at dualism, mercury, and every sensible notion, praising to the skies his unfortunate method, and contending that the best mode of repressing the spread of venereal diseases was syphilisation. This was the signal of the storm which had been lowering all through the reading of the paper, and M. Ricord at once stood up. He condemned, in his usual half-serious and half-humorous manner, the practice of syphilisation; and, as the eminent syphilographer had for many years been silent, both his French and foreign hearers were delighted at the eloquent strains in which he indulged. M. Auzias replied, M. Ricord retorted, the President interfered, a syphilised member stood up and said he enjoyed good health. M. Henry Favre loudly demanded that discussion should be free; other members shared in the noise, some supporting and some attacking the great syphiliser, and the scene became one of uproariousness mingled with very little dignity.

Two circumstances grieved some of the members who were not carried away by passion or old animosities. First, that M. Ricord, though in the vice-chair, took so energetic a share in the discussion, and without first vacating that chair, as would have been the practice among us in England, the more so as the cause would have been amply defended by some of his pupils; and second, that the President allowed the discussion to wander so far from the question. The great point was to decide "whether it was advisable to press upon Government measures for arresting the spread of venereal diseases," whereas M. Auzias Turenne's syphilisation is simply a mode of treatment. After much confusion, it was at last resolved that the discussion should be continued at the next meeting.

Ricord reminded me much of what he was twenty years ago, and I am happy to say that he looks as well and speaks as eloquently as was his custom at that period.

I am afraid I am trespassing on your valuable space; and I will only, in conclusion, allude to two more satisfactory subjects than the irregular discussions to which I have just referred. One is the Congress dinner, and the other Dr. Marion Sim's *soirée*.

The former took place at the Grand Hotel on the 24th inst. Here again some arrangements which might have been very agreeable were wanting. Every member as he entered the drawing-room should have been *loudly* announced and received by the president. Thus every one would have known with whom he was going to dine. But members, on the contrary, dropped in one by one, and those who had no immediate friends or acquaintances might shift as they could. I noticed the *absence* of several men, both French and foreign, who had taken some share in the meetings. M. Piorry, however, who had not made his appearance at the Congress, was here; and, by the way, read a short speech from his place at the dinner table, somewhat irregularly, without authority from the president. At last the members, without any actual or official notice, crowded down into the magnificent dining hall, and every one, save a few on either side of the president, took their seats where they could.

After-dinner speeches in England are sometimes long and tedious; here, if I may judge from this dinner, they are short, partly read, and certainly not prolonged. The president's discourse was brief and to the point; then one of the vice-presidents, M. Palasciano, of Naples, read an excellent speech, proposing M. Bouillaud's health. Thirdly, we had a most eloquent address by M. Teissier, of Lyons, coupled with the health of M. Jaccoud, the courteous and indefatigable secretary. The latter replied; and Mr. Ernest Hart then addressed the meeting (after having been irregularly forestalled by M. Piorry), and congratulated the members of the Congress in the name of the British Medical Association.

I hoped that some of the foreign members would be given an opportunity to speak concerning the distinguished men of their respective countries, and that allusion would be made to some eminent individuals, as Virchow and others, who had joined the Congress; but the speeches were brought abruptly to an end, and, perhaps, very properly, by the announcement from the chair of the death of M. Velpeau.

I am happy, in concluding this long letter, to allude to the *soirée* given by Dr. Marion Sims at his handsome residence, Faubourg St. Honoré. It took place on the 26th, and was a great success. As far as I know, and up to the present time, this is the only medical and brilliant hospitality which has marked the Paris Congress. It speaks very highly of American spirit, and of Dr. Sims' liberality in particular. I beg hereby to thank him in my name, and in the name of several of my friends, for this act of courtesy by an American physician in the *French* capital.

Paris, August 27th, 1867.

DEATH OF VELPEAU.

As there are hours of affliction in the history of nations, when an adverse tide seems to bear them helplessly along in its current, so there are times in the existence of individuals, of families, of communities, when some strange fatality seems to pursue them with an unrelenting hand. Some such phasis the medical community of France has been lately traversing. Within a few short months the heavy hand of Death has been laid successively upon its most glorious representatives. First Rostan opened the wake; then followed Jobert de Lamballe, then Trousseau, then Civiale; and now Velpeau—perhaps the greatest of them all—must be numbered with this departed phalanx of French medical celebrities.

Velpeau was seventy-two. But to one who might have seen him, only a week before his death, so straight and steady, so full of life and vigour, notwithstanding the injuries of time, it would have seemed that he was ever to remain thus. An illness of only three days has been enough to destroy the wiry frame, and to bring down to the grave the powerful mind in all its wisdom and its glory.

As a brighter luminary absorbs the light of secondary stars which revolve within its sphere, so the name of Velpeau shone forth during the last twenty years with unrivalled splendour, embodying, so to say, the fame and glory of modern French surgery. Since the days of Dupuytren, never had the reputation of another French surgeon extended so far and wide, and the name of the illustrious professor of La Charité was known and honoured wherever it was heard.

He did not owe his fame, however, to mere fortuitous circumstances or popular favour; he conquered it by dint of energy and by the display of moral and intellectual qualities of the highest order. Velpeau did not possess the bright and varied abilities of his great rival in fame, the lamented Trousseau. His genius was of another and a peculiar stamp; it evinced the more solid qualities of the mind. Endowed with a powerful and active intellect, he was most remarkable for soundness of judgment, penetrating sagacity, and nice discrimination. His knowledge was vast and varied; whatever he knew, he knew well. He had a ruling passion for truth and justice. It was the combination of these various qualities, natural or acquired, that gave such considerable authority to all his opinions, whenever he had occasion to express them, in the great scientific debates and questions which were agitated during his lifetime. Velpeau was not an orator; he had not the classic elegance of Bousquet, the charm of Trousseau, the solemn eloquence of Bouillaud, the vehemence of Gerdy, the originality and passion of Malgaigne; yet all his speeches were events in a discussion. He had a quaint and happy way of saying things; and he reasoned so closely, so logically, so clearly, that if he did not seduce, he captivated and convinced his auditory, which is, perhaps, a greater glory; while, under the apparent *bonhomie* of his phrases, there was a quiet irony which stung his adversaries without ever wounding them. Those who have heard and seen him at the Academy of Medicine during the famous debates on tenotomy, lithotrity, gunshot wounds, and particularly cancer of the breast, will never forget what remarkable power was concentrated in the sober gesture and measured phrase; while his figure scarcely moved, his whole features were lighted up with the glow of thought and reason.

These qualities he likewise evinced in all the scientific deeds of his career: in his writings, in his lectures, in his *concours*. Numerous are the works with which he has enriched the medical literature of his country—too numerous, indeed, to be even mentioned in this rapid notice. The most remarkable of them are his treatise on Accouchements and Embryology, his

works on Surgical Anatomy, on Operative Surgery, and particularly his treatise on Diseases of the Breast—a monument which he erected in the maturity of his science and wisdom, and which will remain as a lasting production of his genius. We need only mention his clinical lectures. Everyone knows with what success they were attended—how remarkable they were for perspicuity and clearness—what sedulous care and attention the Professor invariably bestowed on them.

Velpeau's love of surgery was immense; and he was a model in the accomplishment of his duties as a hospital surgeon. Whatever might have been the time, as punctual as clockwork, every morning as the hour of eight struck, Velpeau was at his post in the wards. He was not a brilliant operator, but he was skilful and safe; his hand never wavered; his surety of diagnosis was something wonderful; and his profound knowledge of anatomy and pathology made him the perfect and consummate surgeon. His moral qualities were in keeping with the high standard of his intelligence. He was a passionate admirer of truth and justice; a kind and affectionate man; and his attachment to friends and pupils was proverbial. Among the phalanx of rising surgeons who are the glory and the hopes of the Young Faculty of Paris, how many there are who owe their position and prospects to the untiring friendship and warm protection of Velpeau.

Fortune had not smiled on his cradle. From the very threshold of existence his life had been a ceaseless combat. Chance had not thrown in his way any of those circumstances which are props and stays, and which help a man on in his way through the world. He was of humble origin—he was poor—he was illiterate—he commenced the study of medicine at an age when many have already left the schools. And yet, the son of the modest village farrier, with undaunted energy, and with the sole help of his genius, he conquered the most redoubtable adversaries, and climbed to the very summit, victorious in all his *concours*. He won successively the places of Surgeon to the Hospitals of Paris, Vice-Professor of the Faculty, Professor of Clinical Surgery, in a series of *concours* at which he struck with admiration his judges and his competitors themselves. In 1833 he was named a Member of the Academy of Medicine, and in 1843 his medical career was crowned by his nomination to the Academy of Sciences, which is the highest scientific position to which a medical man may aspire in France.

Such is a very imperfect sketch of the life of the illustrious surgeon whom on Monday last an immense crowd carried to his grave. He was a remarkable example of what a man may accomplish by indomitable energy and perseverance. The young student who years ago came to Paris without a friend, and without a penny, has died in the possession of great wealth, laden with honours, recognised by his peers as a master of his science, and venerated by the entire generation of pupils. His name will not perish as long as medicine shall constitute an organised science, and surgery is recognised as a great and useful art, and that is as long as the world stands.

THE HOSPITAL FOR DISEASES OF THE CHEST.

WE have been requested to publish the following:—

To the Chairman of Council, Council, and Governors of the Royal Hospital for Diseases of the Chest, City-road.

GENTLEMEN,—We earnestly regret to express to you our united feeling that existing circumstances render it impossible for us to continue in the discharge of our duties as Medical Officers of the Royal Hospital for Diseases of the Chest.

The anomalous position of Dr. Dobell as honorary secretary as well as physician, his assumption of authority and his spirit of interference, would alone render our continuance in office incompatible with independence of action and self-respect. But his practice of issuing diet bills bearing his own name and that of the hospital, one of which recommends a medical preparation originated by him (Pancreatic Emulsion), and the dispensing of the same medical preparation from the hospital in pots bearing his name on the label, are still more decisively objectionable.

We do not wish to express an opinion whether such practice is or is not in accordance with the intentions and principles of a public charity, or to question the propriety of applying its funds to any such purpose; it is enough for us to know that the practice is of a nature to call forth the most severe condemnation from those members of our profession whose good-will and esteem we most value.

Feeling therefore satisfied that we cannot continue to work in harmony with Dr. Dobell, and assured of what is expected from us by the profession, we find it to be the most direct and honourable course to place our resignation in your hands.

We cannot, however, take a step which may disever us from an institution with which our names have been honourably connected during the most active years of our professional life without offering to you, the Governors and Council, our sincere respects and our warmest thanks for the long confidence you have reposed in us.

That you may be put to the least possible inconvenience, we shall have pleasure in holding office until the appointment of our successors, if agreeable to you.

We have the honour to remain, Gentlemen,
Your most obedient Servants,

BENJAMIN W. RICHARDSON, M.D., F.R.S.,
12, Hinde-street, W.
ARTHUR LEARED, M.D., M.R.I.A.,
12, Old Burlington-street, W.
JOSIAH T. POWELL, M.D., M.R.C.S.,
347, City-road, E.C.

London, August 22nd, 1867.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE dulness of all things in the medical world of Liverpool has been relieved by the contest for the vacant office of coroner now going on. For years past the medical profession have been dissatisfied by the manner in which inquests have been conducted in the town. After complaints had for a long time been made, the Town Council in April last directed one of their sub-committees to inquire into and report on the manner in which the duties of coroner had been performed for the last three years. It is a singular coincidence, to use the mildest term, that the report of this committee should first see the light this week, immediately after the death of the late coroner, and whilst the agitation connected with the appointment of his successor is going on. The report, though not of much value, contains one significant paragraph—viz., that the late coroner having died on the 21st of August, the committee have not considered it necessary to report upon the manner in which the duties have been performed. This alone is sufficient commentary on the past, though in justification to the late Mr. Curry it ought to be added that for more than two years ill-health has prevented him even once presiding in his Court.

The suggestions of the committee comprise a recommendation to apply to Parliament by a private or public bill for power to enable the Council to pay the coroner, in lieu of fees, a fixed annual salary; having obtained this, to fix the salary at £800 a year, with a reasonable allowance for all disbursements. Further, they wish to have the power to require the coroner to devote the whole of his time to the duties of his office; and lastly, it is recommended that the coroner should undertake the duty of inquiry into the causes of fires, an addition being made to his salary of £200 for this latter purpose.

The number of inquests held during the last three years, and the fees and disbursements paid, have been as follows:—

Year.	Number of cases.	Amount of Fees.	Amount of Disbursements.
		£	£
1864	962	1283	680
1865	939	1253	749
1866	1035	1381	814

So that the inquests have cost the town in each of these years £1963, £2002, and £2195 respectively.

Probably no other town in the kingdom, with the exception of London, has anything like this number of inquests. It therefore becomes necessary that the decision as to any inquiry into the cause of death being made, as well as the steps

of such inquiry, should be in the hands of one fully competent by previous education and experience to fulfil the duty. THE LANCET has so often and so well advocated the superior claims of members of the medical profession over every other to discharge the duties of coroner, that it is unnecessary to recapitulate in its pages the various reasons. In this town the large number of persons found dead—of sudden deaths—and of apparently suspicious deaths, in all of which a medical man is far more competent to decide whether an inquest should be held, and, if held, to guide the inquiry, renders it almost exceptionally desirable that such an one should fill the office here.

Impressed with this conviction, a well-attended meeting of medical men was held at the Medical Institution on Monday last, Dr. Cameron being in the chair, when resolutions were passed calling the attention of the Town Council to the paramount importance of securing for the office of coroner the services of a member of the medical profession, proposing Dr. Gee, who had been previously requested to come forward, as eminently qualified to discharge the duties of coroner, and naming a committee for the purpose of furthering the ends of the meeting.

The election rests with the Town Council, and takes place at the end of this week. The following gentlemen are candidates:—Messrs. Anderson, Aspinall, Wyberg, Driffield, Devey, and Dr. Gee. The first five are solicitors.

Whatever the result, the medical men of the town, who have long felt the unsatisfactory manner in which the coroner's court has been conducted, have done their duty, and good will doubtless ultimately result from their having drawn the attention of their fellow-townsmen to the proper remedy.

Liverpool, August 28th, 1867.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 22nd:—

Hollis, Alfred, Middlesex Hospital.
Mason, George, Guy's Hospital.
Moreton, Charles Peyton, Bedford-street, W.C.
Short, William Hooper, Charing-cross Hospital.
Taylor, Henry Shinglewood, Alton, Hants.

At the competitive examination held on the 14th inst. for the Prizes in Botany annually given by the Society of Apothecaries, the successful candidates were:—

1st.—Henry Newell Martin, of University College, London. A Gold Medal.
2nd.—William Ashley Cox, of St. George's Hospital and University of Edinburgh. A Silver Medal and a Book.

ARMY MEDICAL DEPARTMENT.—The Director-General presents his compliments to the Editor of THE LANCET, and begs he will be so good as to publish the accompanying list of candidates for her Majesty's British Medical Service, who were successful at the competitive examination held at Chelsea Hospital in August, 1867. Maximum number of marks obtainable, 3400; minimum required to pass 1034.

	No. of Marks.		No. of Marks.
Corbett, J. F. ...	2390	Hunter, J. H. ...	1694
Corbett, R. de E. C. ...	2357	Morgan, H.	1694
Maclachlan, H. K. ...	2297	Riddick, J.	1682
Pollock, C. F.	2245	Bennett, W. F. ...	1676
Macnamara, W. H. ...	2182	Anderson, D. H. B....	1640
Scott, R. T.	2161	Anderson, J. A. ...	1616
McEwen, D.	2095	Rae, G. A.	1610
Hare, G.	2077	Steward, F. G. ...	1595
Sankey, Y. F.	2054	Gumming, J. D. ...	1578
Cuthbertson, R. A. ...	2047	Fitzgerald, E. ...	1550
Cocksedge, T. A. J. ...	2039	Crowe, J. D. ...	1545
Wollowics, Count C....	2036	O'Grady J. J. ...	1517
Lyons, F.	2012	Wilson, W. O. ...	1514
Randall, J. G.... ...	1967	Shaw, G.	1508
MacMullen, R. ...	1876	Jagoe, H.	1460
Anthony, Mark ...	1870	Morgan, R.	1402
Gallwey, M. M. ...	1840	Heather, D. H. W....	1395
Barroll, G. W.... ...	1796	Maunsell, R. F. ...	1370
Clarke, T. H. M. ...	1795	Waylen, J. H. ...	1340
Cotter, S. K.	1778	Kingston, T. ...	1313
Barry, J.	1755	Popham, G. L. ...	1294
Leake, J. R.	1712	Anderson, A. ...	1213

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of THE LANCET, and begs to subjoin a list of the candidates for her Majesty's Indian Medical Service who were successful at the competitive examination at Chelsea in February, 1867, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley. Maximum, 6900; minimum, 2200.

	Studied at	No. of Marks.
W. Macrae	Aberdeen	5893
H. Summerhayes	London	5080
G. A. Maconachie	Aberdeen	4833
R. Aldren	Edinburgh	4645
T. J. McGann	Edinburgh and Dublin ...	4520
G. Bainbridge	England	4403
J. Arnott	Glasgow	4223
R. H. Batty	London and Ireland ...	4180
W. F. Knapp	London	4168
J. H. Ritchie	Ireland	4005
A. J. Leggatt	London	4005
H. De Tatham	London	3908
J. Shillito	London and St. Andrews ...	3905
J. Smith	Edinburgh	3710
J. McAlister	Glasgow	3695
D. A. Kerr	Aberdeen	3405
A. L. Hackett	Edinburgh	3360
J. R. C. Lowry	Dublin	3310
D. B. Long	Edinburgh	3300
H. J. Hazlett	Ireland	3198
D. R. Thompson	Madras and St. Andrews...	3105
R. V. Power	Ireland and Edinburgh ...	3100
S. B. Haliday	London and Edinburgh ...	2705
A. McClorg	Dublin	2695
B. Keelan	Ireland	2205

THE Guardians of the Holborn Union have bid for the purchase of a plot of ground near Mount Pleasant upon which to build an infirmary. The present Strand Union is to be broken up. The new Strand Union will consist of St. Paul's, St. Mary's, St. Martin's, and St. James's. St. Ann's will be added to St. Giles's, and St. Clement's and Rolls to St. Andrew's, Holborn.

THE expedition in search of Dr. Livingstone sailed on the 15th July for the mouth of the Zambesi. Letters from Zanzibar report that Dr. Livingstone is still alive.

MM. CLAUDE BERNARD and HUSSON have been raised to the rank of Commanders of the Legion of Honour.

M. BARRESWIL, the chemist, has been elected to the rank of Officer of the Legion of Honour.

A TRIPLE BIRTH.—Mrs. Threlfall, wife of Christopher Threlfall, of Bicknall-street, Blackburn, was on Tuesday morning safely delivered of three children—all daughters.

ONE case of cattle plague is reported to have occurred during the week ending August 24th at Low Esh, in Durham.

SUICIDE OF A SURGEON.—An inquest was held on the body of Mr. Dalton, surgeon, of Sackville-street, on Tuesday at Hove, who committed suicide, it is believed, with prussic acid.

SOME few weeks since, a fire occurred at Messrs. Evans and Co., Druggists, at Liverpool. The refuse, containing among other things some Calabar beans, was carried away to Toxteth-park. Several children, who found and ate them, suffered from symptoms of poisoning.

TESTIMONIAL.—The Rev. Mr. McGill, so well known for his philanthropy, received on Monday a testimonial of the value of £200, for his efforts in the promotion of equalization of the poor rates.

Obituary.

MICHAEL FARADAY, D.C.L., F.R.S.

ON Sunday last, in his 76th year, at his house at Hampton, died Michael Faraday. He was born in the neighbourhood of Newington Butts, his father being a blacksmith of that locality. Michael was early apprenticed to a bookbinder of the name of Rebean, of Blandford-street. It was during the early years of his apprenticeship that the strong bias of his mind towards scientific pursuits developed itself. He extemporised a rough electrical machine, a common phial forming the cylinder. Owing to the kindness of Mr. Dance, a neighbour of Mr. Rebean, Faraday obtained tickets for some lectures on Chemistry, which were being delivered at the Royal Institu-

tion by Sir Humphry Davy. Of these lectures he took copious notes, which, having fairly transcribed, he sent to Davy, with an earnest appeal to him to engage him in some scientific employment. The post of assistant to the laboratory in the Royal Institution becoming vacant, Faraday was appointed to it. This was in 1813. He soon gave evidence of that persevering industry and spirit of inductive inquiry which were the mainsprings of his great success as a philosopher. Though for many years after his appointment he published nothing, yet he continued his experiments, which resulted in his brilliant discoveries. Often have we heard him say, that after a lengthened series of investigations, when he thought himself on the threshold of some great fact, he was disappointed. But, not disheartened, again and again did he go over the ground to discover where he had made a false step, and generally, not invariably, his previous failure resulted in victory. This unwearied and steady mode of proceeding Faraday displayed in all his investigations even to the last.

In later life the brilliant audiences in the theatre of the Royal Institution were astonished at the perfection of his manipulations. But this was not more the result of a natural aptitude for experimenting than of his vast experience. His first great discovery was the chloride of carbon. He next devoted his attention to electro-magnetic motions, which he subsequently published in the *Quarterly Journal of Science*. In 1823 he demonstrated the possibility of condensing chlorine into a liquid, and thus established the identity of gases and vapours.

He subsequently made a series of most interesting experiments for the production of bent glasses for optical purposes, and delivered a lecture on the subject at the Royal Society. He also instituted some elaborate inquiries into the composition of steel and the effect of alloying it with other metals.

His subsequent investigations on electricity, which are a masterpiece of inductive philosophy, were published in three volumes. In these volumes, which contain the result of many years' laborious research, he demonstrated "the identity of the forces manifested in the phenomena known as electrical, galvanic, and magnetic; he ascertained with exactness the laws of its action; he determined its correlation with other primal forces of the natural world."

In addition to his position at the Royal Institution, Dr. Faraday for many years lectured on chemistry to the cadets at Woolwich. He was the first Fullerian professor, and frequently delivered the Friday evening lecture at the Royal Institution. Nor was he without many testimonials to his honour. The University of Oxford conferred on him the Doctorate of Civil Law. He was one of the eight Foreign Associates of the Imperial Academy of Sciences at Paris, Commander of the Legion of Honour, Knight of the Prussian Order of Merit, and member of many scientific bodies on the continents of Europe and America.

In 1835, the ministry of Lord Melbourne presented him with a pension of £300 per annum, in testimony of his scientific services, and several years afterwards her Majesty gave him a residence at Hampton, where he died.

Michael Faraday stands foremost in the list of philosophers of the age; his reputation is universal. He was a splendid type of the Baconian philosopher. No man ever exhibited a more profound regard for, or carried out more fully, the principles of inductive reasoning; no man ever achieved so many important results from the pursuit of that mode of investigation. He was simple, unpretending, and modest. He was singularly unselfish. He was always ready to do honour, even to his rivals, when they deserved it. He had a kind word and a helping hand for those young aspirants to fame who sought his advice and assistance. His style as a writer was unaffected and simple: as a lecturer and teacher he was remarkably earnest, clear, and persuasive. He never pretended to oratory, and seldom indulged in poetical quotations; but it is doubtful whether an equal success as a lecturer—particularly to mixed audiences—was ever attained by any other man. Those who have heard him lecture on Friday evening at the Royal Institution will include those displays amongst the pleasures of memory. On the most abstruse subject, the development of intricate theories or facts, he was singularly clear, simple, and convincing. No wonder that he should have attracted to Albemarle-street, even in the most inclement of wintry nights, the intellect and the fashion of the metropolis. His amiability of temper and kindliness of disposition manifested themselves upon all occasions, whether in public or private. There was no acerbity in his controversies, no self-laudation or arrogance in the enunciation of his brilliant discoveries. He has gone to the grave full of years and of honour. In our own profession, to which, though not immediately belonging to it, he was ardently attached, his loss will be regarded by many as personal and irretrievable.

DR. W. B. COSTELLO.

THIS gentleman died in Paris a few days ago, in his sixty-eighth year. He was born near Dublin, received his medical education in that city, and established himself in London about thirty-five years since as a consulting surgeon, and lived for some years in Bruton-street, Bond-street. He was not, however, successful, and subsequently became medical superintendent of Wyke-house Asylum, near Isleworth. For many of the last years of his life he resided in Paris, and devoted himself chiefly to literature. The small practice he had in this metropolis was devoted chiefly to cases of stone, and he practised and advocated lithotrity at a time when such advocacy was required for the success of the operation. When in London, Dr. Costello was a frequent visitor at the medical societies, particularly the Westminster. He was a frequent speaker, and gave evidence of being a man well acquainted with the literature of the profession. Some years since he published "A Cyclopædia of Practical Surgery," a ponderous but learned work.

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MEDICAL APPOINTMENTS.

C. W. CALTHROP, M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Manchester Royal Eye Hospital, vice David Little, M.D., resigned.

D. CAMPBELL, M.D., has been appointed Medical Officer and Public Vaccinator for the Llanwrin District of the Machynlleth Union, Montgomeryshire, vice G. Owen, M.R.C.S.E., deceased.

T. F. CLAY, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the newly formed Stratford No. 2 District of the West Ham Union, Essex.

Dr. J. E. EDDISON has been appointed Physician to the Leeds House of Recovery.

F. HALL, M.R.C.S.E., has been appointed Surgeon to the Leeds House of Recovery.

J. B. HAMILTON, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the newly formed Stratford No. 1 District of the West Ham Union.

W. R. HORNIBLOW, M.D., has been appointed Medical Officer and Public Vaccinator for the Halford District of the Shipston-on-Stour Union, vice S. Bradshaw, M.R.C.S.E., resigned.

W. H. MATURIN, L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Church-hill Dispensary District of the Letterkenny Union, Co. Donegal, vice H. M. Clarke, L.R.C.P.E., resigned.

L. J. MAY, M.R.C.S.E., has been appointed Resident Medical Officer to the Finsbury Dispensary, Woodbridge-street, Clerkenwell, vice E. Meek, M.R.C.S.E., deceased.

C. R. PRANCE, M.D., M.R.C.P.L., has been appointed Physician to the South Devon and East Cornwall Hospital, vice C. Hingston, M.D., resigned.

W. E. RICHARDSON, M.R.C.S.E., has been appointed Physicians' Assistant at the Manchester Royal Infirmary.

D. M. C. L. A. ROBERTSON, M.D., has been appointed one of the Examiners at the Royal College of Surgeons, Edinburgh, vice A. Wood, M.D., resigned.

C. F. STOVIN, M.D., has been appointed Medical Officer for the Waterperry District of the Thame Union, Oxfordshire, vice Joseph Cogan, M.D., resigned.

— THOMPSON, M.R.C.S.E., has been appointed Physicians' Assistant at the West Riding Asylum, Wakefield, vice Dr. Fryer, whose term of office has expired.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

S. ARCHER, M.R.C.S.E., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon 98th Foot, vice Beatty, promoted on the Staff.

J. ANDERSON, M.D., Deputy Inspector-General of Hospitals Bengal Establishment, has been promoted to Inspector-General of Hospitals on retiring upon full pay.

J. M'N. BEATTY, L.R.C.S.I., Assist.-Surgeon 98th Foot, has been promoted to Staff Surgeon, vice Hearn, appointed to the 73rd Foot.

H. V. BINDON, M.D., Surgeon 25th Foot, having completed twenty years' full pay service, has been promoted to Surgeon-Major under the provisions of the Royal Warrant of April 1st, 1867.

J. BOWHILL, C.B., Deputy Inspector-General of Hospitals Bengal Establishment, has been promoted to Inspector-General of Hospitals on retiring upon full pay.

J. C. BURTON, Surgeon-Major Madras Establishment, has been promoted to Deputy Inspector-General of Hospitals on retiring upon full pay.

J. T. CADDY, M.D., Surgeon R.N., has been promoted to Staff Surgeon.

A. H. CHEKE, Deputy Inspector-General of Hospitals Bengal Establishment, has been promoted to Inspector-General of Hospitals on retiring upon full pay.

J. C. DEMPSTER, M.D., Surgeon-Major half-pay, late 35th Foot, has been appointed Staff Surgeon-Major, vice Macfadin, appointed to the 13th Foot.

D. J. DONNERTY, L.R.C.S.I., Surgeon 13th Foot, has been appointed Surgeon 18th Foot, vice Lewis, deceased.

H. N. EDWARDS, M.R.C.S.E., has been appointed Hon. Assist.-Surgeon 1st Shropshire Rifle Volunteer Corps, vice H. Fenton, M.R.C.S.E., resigned.

G. K. HARDIE, M.D., Surgeon-Major 73rd Foot, has been appointed Staff Surgeon-Major.

J. H. HEARN, L.F.P. & S. Glas., Staff Surgeon Army, has been appointed Surgeon 73rd Foot, vice Hardie, appointed to the Staff.

C. A. LEES, M.D., Assist.-Surgeon Royal Naval Hospital, Malta, has been appointed, temporarily, to fill the vacancy of Surgeon on board the "Hydra," vice Llewellyn, deceased.

J. LOCKWOOD, M.R.C.S.E., has been appointed Hon. Assist.-Surgeon 34th West Riding of Yorkshire Rifle Volunteer Corps.

F. H. MACFADIN, L.K.Q.C.P.I., Staff Surgeon Army, has been appointed Surgeon 13th Foot, vice Doherty, appointed to the 18th Foot.

W. G. PRICHARD, M.D., Deputy Inspector-General of Hospitals Madras Establishment, has been promoted to Inspector-General of Hospitals on retiring upon full pay.

G. S. TAYLOR, M.R.C.S.E., has been appointed Surgeon 4th West Riding of Yorkshire Artillery Volunteer Corps, vice Allanson, deceased.

J. WILKIE, M.D., Deputy Inspector-General of Hospitals Bengal Establishment, has been promoted to Inspector-General of Hospitals on retiring upon full pay.

Births, Marriages, and Deaths.

BIRTHS.

On the 2nd ult., at Fort Beaufort, British Kaffraria, the wife of Robert Batho, Assistant-Surgeon Cape Mounted Riflemen, of a daughter.

On the 13th inst., at Melton-street, Euston-square, the wife of H. R. Myers, Surgeon, of a son.

On the 18th inst., at Croft Head, Littleborough, the wife of H. S. Wilson, M.D., of a daughter.

On the 19th inst., at Wolton, near Gloucester, the wife of Ebenezer Toller, Esq., Superintendent of the Gloucester County Asylum, of a son.

On the 19th inst., at Birch Mount, Sydenham-hill, the wife of B. Shillitoe, F.R.C.S.E., of a son, still-born.

On the 20th inst., at Wimpole-street, the wife of T. A. Barker, M.D., of a daughter.

On the 21st inst., at Rexley-place, Greenwich, the wife of Ralph Gooding, B.A., M.B., prematurely of a daughter, still-born.

On the 26th inst., at Gorebridge, Edinburgh, the wife of Wm. Spalding, M.D., M.R.C.S., of a son.

MARRIAGES.

On the 6th inst., at St. George's, Dublin, Edward Malins, M.B., of Cradley, Staffordshire, to Mary, only surviving daughter of the late Henry Owen, Esq., C.E.

On the 20th inst., at St. James's Parish Church, Congleton, Edward Lodewyk Crowther, M.B., M.S. Aber., M.R.C.S. Eng., L.S.A. Lond., L.R.C.P. Edin., &c., of Hobarton, Tasmania, to Elizabeth Rosaline, second and youngest surviving daughter of James Pearson, Esq., of West House, Congleton.

On the 27th inst., at St. Mark's, Tollington-park, London, Thomas Arthur Lathbury, Surgeon, of Finsbury, to Mary Agnes, eldest daughter of Anthony Stainton, Esq., of Walthamstow.

DEATHS.

On the 17th ult., George Owen, M.R.C.S.E., of Machynlleth, Montgomeryshire.

On the 17th inst., at Abbotsford-place, Glasgow, J. Foulds, jun., Surgeon, late of New Prestwick, aged 20.

On the 24th inst., at Mildmay-park, N., Albert Edward, infant son of James Williamson, M.D., aged 8 months.

ARMY MEDICAL DEPARTMENT.

THE following are the papers set for the candidates for medical service in the Army, at the examination held at Chelsea Hospital on Monday and Tuesday, August 12th and 13th:—

ANATOMY AND PHYSIOLOGY.—MR. BUSK.

1. Describe the origin, course, distribution, connexions, and function of the spinal accessory nerve and its branches.

2. Describe the arch of the aorta, and its relations; mention the vessels arising from it; and enumerate the more usual deviations from the normal disposition, to which they are subject in their origin.

3. Give the structure and relations of the membranous portion of the urethra.

4. Describe the minute structure of the walls of the larger and smaller arteries, veins, lymphatic vessels, and capillaries.

5. Point out the distinctions between the male and female adult osseous pelvis, and give the average dimensions of each outlet in the two sexes.

6. Enumerate the transparent parts of the eye; describe the form, structure, and relations of each, and the mode in which the visual image is formed on the retina.

7. Mention the conditions under which the amount of carbonic acid given off from the lungs is *increased* or *diminished*.

SURGERY.—MR. POLLOCK.

1. Describe the symptoms of a case of ruptured kidney, the treatment to be pursued, and the results that may ensue upon such an injury.

2. What are the usual forms of hernia in children, male and female? Describe the difference between a congenital and infantile hernia.

3. Describe the treatment to be pursued in a case of punctured wound with copious arterial hæmorrhage in the palm of the hand.

4. Describe the symptoms of popliteal aneurism, and the treatment to be pursued.

5. Describe the symptoms of a case of pyæmia after amputation of a limb, and the pathological conditions found after death; and the external circumstances under which it is most likely to occur.

MEDICINE.—DR. PARKES.

1. Enumerate the diseases giving rise to coma, and name the chief symptoms, in addition to the coma, which would be present in each case.

2. What are the chief structural lesions which may occur in the nervous tissue of the brain and cord, and what symptoms may they produce?

3. How would you diagnose and treat a case of great hypertrophy of the left ventricle of the heart, and what would have been the most likely causes of such a condition?

4. A person comes to you complaining of very severe pain in the right side, which has come on suddenly, and is attended with considerable dyspnœa. What might be the causes of such a condition, and how would you examine the patient with a view to determine the cause?

5. What are the preparations of iodine and of bromine in the British Pharmacopœia? What are their doses, how are they presumed to act, and in what diseases are they most commonly employed?

6. Trace the successive events in the case of a normal delivery at full time. What would you do in the case of flooding after delivery, before the placenta has come away, and afterwards?

Medical Diary of the Week.

Monday, Sept. 2.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Sept. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Sept. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, Sept. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, Sept. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Sept. 7.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

THE PROFESSION IN JAMAICA.

FILES of Jamaica papers have lately reached us, which contain some extraordinary statements respecting "a most important discovery in the treatment of yellow fever." This discovery is stated to have been made "by Alexander Fiddes, Esq., F.R.C.S. Edin.," and consists in the following:—A "full dose of castor oil at the beginning of the disease;" the "external application of iced sheets around the body when the skin is hot and dry, or with an occasional vapour-bath when the skin is dry without being very hot;" and the "internal administration of sulphurous acid.....not given in its pure form, but combined with an alkaline base, such as bisulphate of soda." Now, we take exception in the gravest manner to the method which has been adopted to make this "new plan of treatment" known to the profession and the public—viz., through the columns of the *Gleaner* and *De Cordova's Advertising Sheet*. This is an unprofessional mode of proceeding. It is difficult to suppose that Mr. Fiddes was cognisant of the manner in which his "great discovery" was to be blazoned forth; and if he were not, we can only regret that his injudicious friends have done him a serious, though probably unintentional, injury by that kind of "good nature" which has been somewhat coarsely but forcibly characterised by Sheridan as coming from "a friend." But there is another aspect in which the announcement referred to is open to objection. Is it a discovery? Has castor oil never been given as a purgative in yellow fever? Have not sheets wet with water, either iced or of the natural temperature, been applied around the bodies of yellow fever patients for years past? Has sulphurous acid never been proposed and used as a remedy for that disease? And did not Dr. Polli more than a year ago suggest the use of the sulphites in yellow fever? Nay, Dr. Gayleard, in the very *Gleaner* in which Mr. Fiddes' discovery appears, states that three years ago he used the sulphites in the treatment of yellow fever. But have not the sulphites been tried by medical officers at Newcastle, by surgeons in Rio Janeiro, and in the public hospitals of Jamaica? We believe there can be but one answer to these questions, and that must be in the affirmative, and, moreover, that the use of these "remedies" was abandoned in consequence of their ill-success. Such being the facts, some explanation is due to the profession from Mr. Fiddes in this matter.

Mr. J. C. Harris may obtain the information by application to Mr. Baillière, Foreign Bookseller, Regent-street, London, W.

ON THE EXCLUSION OF LIGHT IN PREVENTING PITTING IN SMALL-POX.

To the Editor of THE LANCET.

SIR,—Having read the letters in your journal relative to the treatment of small-pox, and the prevention of pitting by the exclusion of light, may I call attention to the following extract from Dr. Benjamin Ridge's work on "Health and Disease," p. 142, ed. 1859, in proof of its not being new:—

"Let me remark, too, that in the treatment of this disease, one most important point to be observed is the most perfect cleanliness and constant change of linen, with the freest and purest air, but in *a dark room—'dark as Erebus;'* for in these diseases the eyes are always weak, and a subdued light saves them. For light, let me inform the reader, is one of the most powerful of the electric agents, exercising a very important chemico-vital influence on the increasing or subsiding pustule. In mild cases, attention to the darkened room prevents the pitting of the pustules, and, consequently, the patient from being marked; and in the worst cases it considerably reduces the depth of the pustule, though the patient may be marked."

I am, Sir, your obedient servant,

August 20th, 1867. C. J. H.

To the Editor of THE LANCET.

SIR,—Is it necessary to exclude light, or only the actinic rays? The complete exclusion of light in hospitals would be very inconvenient. Would it not be worth while to follow the plan adopted by photographers in their dark rooms, which, whilst admitting the illuminating, effectually excludes the actinic rays of light? The experiment might easily be tried at any rate.

Our forefathers surrounded their small-pox patients with *red* articles. They followed out, to a certain extent, the plan I venture to suggest. They excluded many of the actinic rays.

The adoption of yellow glass windows would exclude nearly all of them.

Your obedient servant,

August, 1867. WM. J. WILSON.

P.S.—Why do druggists continually employ *blue* bottles to hold substances susceptible of change from the action of the actinic rays of light? Blue, of all colours, is the worst.

A Father.—Itch is a preventable disease. There must have been great want of care and cleanliness in allowing it to spread in the way described. Why was not medical advice sought at the outset of the mischief? The first cases should have been at once isolated.

Civil Surgeon, (Bengal.)—We hope to publish our correspondent's letter next week.

JOHN DE VIGO AND ACUPRESSURE.

To the Editor of THE LANCET.

SIR,—With great deference to Sir J. Y. Simpson, I think the quotation in your last number exactly proves Mr. Smith's case. It is evident by the use of the word "deeper" that something different from a common ligature is meant; and in stating that the needle is passed *under* the vein or *through it*, and the thread tightened *upon, over, or on the top*, John de Vigo is evidently describing the practice, no doubt as common then as now amongst farriers, of stopping the bleeding after venesection by the operation of "pinning."

Your obedient servant,

Malvern, August 27th, 1867. DESUPER.

CIDER AND LEAD-POISONING.

CASES of acute and fatal lead-poisoning are very rare. But one would seem to have occurred at Lyde, near Hereford, from drinking cider, which Professor Herapath has found to contain lead in the proportion of one grain of the metal to one gallon of the cider. The unfortunate patient was a harvest labourer, who, in common with others, had been drinking five quarts daily of cider for days previous to that on which he was taken ill with vomiting, burning pain in the stomach, and cramp in feet and legs. Seven or eight other labourers were similarly but not so severely affected. The deceased became very ill on Friday, and died on the following Monday. By the way, a late account says he died before medicine could be administered. He suffered intense pain, described by him as resembling "swords being thrust through him." Though Professor Herapath is right in saying that the quantity of lead was large for an accidental impregnation, it is remarkable that such a quantity should have produced death. The symptoms and post-mortem appearances were those of an irritant poison.

Mr. Keith's (Edinburgh) paper on "Fifty-one Cases of Ovariotomy" shall appear next week.

Mr. R. G.—The case should have been clearly put in the first instance. D. has a right to the patient.

M.R.C.S.E.—1. By application to the Directors of the Company, Leadenhall-street, City.—2. It differs according to circumstances.

Alpha is referred to an annotation on the subject.

"ONE TOUCH OF NATURE MAKES THE WHOLE WORLD KIN."

To the Editor of THE LANCET.

SIR,—Will you kindly permit a constant reader to enter his humble protest against a misapplication of a line from Shakspere.

In THE LANCET for last week, in an annotation descriptive of the humanity of the authorities of Scarborough to the cholera-stricken French seamen, and of the way in which the kindness shown has been felt and acknowledged by the people of Fécamp, you refer to the whole matter as illustrating the aphorism of our great dramatist, that "one touch of nature makes the whole world kin." The error of quoting the line in this sense is so common, and withal so glaring that I venture to call attention to it. The line means, in the play, not what is commonly imputed to it, but simply this—that the love of novelty is universal among mankind. It forms part of the address of *Ulysses* to *Achilles* in act 3, scene 3, of "Troilus and Cressida," commencing, "Time hath, my lord, a wallet at his back." The whole passage, although one of the finest that Shakspere ever wrote, is too long to transcribe; but the following small portion of it will show the true sense of your quotation:—

"Let not virtue seek
Remuneration for the thing it was: for beauty, wit,
High birth, vigour of bone, desert in service,
Love, friendship, charity, are subjects all
To envious and calumniating time.
One touch of nature makes the whole world kin,—
That all, with one consent, praise new-born gawds,
Though they are made and moulded of things past;
And shew to dust, that is a little gilt,
More laud than gilt o'er-dusted."

I am, Sir, your obedient servant,

August, 1867. F.R.C.S.

M.D.—Much must be left to the discretion of Coroners as to the necessity or otherwise of summoning medical witnesses. There are numerous cases constantly occurring in which medical evidence can afford no information as to the cause of death beyond that which has been deposed to by lay witnesses. When the case is made quite clear from such evidence, a Coroner would not be justified in requiring medical testimony. When, however, there is any doubt upon the question of the cause of death, then it is the bounden duty of the Coroner to terminate that doubt by the evidence of a medical practitioner. As a rule, we believe this is the plan acted upon. When it is not, the inquest is a mere farce, and might as well, so far as the public interests are concerned, never have been held at all.

X. W. F.—The latter is the more correct.

Mr. M. H. Garrett.—It would have been more satisfactory to all parties had an inquest been held.

Natal requests information respecting the condition of the medical profession in Natal and Queensland.

Nervous.—The name does not appear in the Medical Directory of the present year.

PROTRACTED MENSTRUATION.

To the Editor of THE LANCET.

SIR,—In this country the catamenia generally cease, in my experience, between the ages of forty-five and fifty years. I have now to place on record in THE LANCET two instances which have lately come under my notice, in which the "change of life" has been unusually procrastinated. Mr. Roberton, in his "Phys. and Dis. of Women and Midwifery," p. 185, places on record two instances in which the "turn of life" was delayed till the sixtieth year, and one till the seventieth year.

Mrs. M. A——, of Cley-next-the-Sea, aged seventy-seven years last April, is now quite "regular:" the quantity and colour of discharge and duration of the menstrual flow quite normal. Puberty was established in about her sixteenth year. She was married early, but has never been pregnant.

The second instance occurs in Mrs. Ann M——, of this town, who, though eighty years of age, the mother of seven children, is quite "regular," and in good general health.

This district has not been lately victimised by diphtheria. I have had but three cases since I last wrote you word of the result of my experience and treatment of sixteen cases, and these three, I am happy to say, were mild, and eventuated happily.

Yours faithfully,

Cley-next-the-Sea, Norfolk, August 1867. W. SUMPTER, M.D.

THE SCIENTIFIC RELIEF FUND.

THE *Laboratory* very properly calls attention to the "Scientific Relief Fund," in the belief, in which we share, that it is not so well known as it deserves to be. The "Fund" was established in 1859 for the aid of such scientific men or their families as might from time to time require and deserve assistance. A Committee appointed at the time suggested—

"That no application for relief be entertained except on the recommendation of the President of one of the following chartered Societies: the Astronomical, Chemical, Geographical, Geological, Linnæan, or Royal Society, it being understood that the several Presidents will consult their respective Councils as to the persons whom they intend to recommend for relief."

But the Society has not flourished as it most assuredly deserves, possibly because so little publicity has been given it.

L.M. K.Q.C.P.I.—Such letters are better left alone. The subject has been worn thread-bare.

ASSISTANTS' TESTIMONIALS.

COMPLAINTS are constantly reaching us of the careless and highly reprehensible manner in which testimonials in favour of assistants are written by their late employers. The *suggestio falsi* and the *suppressio veri* are indulged in to an extent which is quite out of keeping with honourable conduct. We refrain for the present from publishing *cases;* but the evil, if it continues, may demand such exposure.

Medicus.—The agreement being merely verbal, there is no redress for the injury sustained. But surely the gentleman who has given so much trouble to our correspondent will feel bound in honour to remunerate him.

Mr. Palmer's paper is in the hands of the printer.

NEURALGIA FOLLOWING SHINGLES.

To the Editor of THE LANCET.

SIR,—The appeal for assistance made by a "Subscriber ab Initio" to his professional brethren, in your last number, seems to demand a reply from anyone who may believe himself able to afford such assistance.

There are few ailments more painful or intractable than the neuralgia which occasionally follows shingles, especially in persons who have considerably passed middle life, as would appear to be the case in the present instance from the title your correspondent assumes. According to my experience, persons of gouty habit are very liable to shingles, and I have in such cases frequently known the subsequent neuralgia to last many months, notwithstanding the employment of the best devised treatment. I have seen, however, in some such cases great benefit derived from the use of either arsenic or syrup of the iodide of iron as internal remedies, combined with the daily external application of a solution of iodine and collodion by means of a brush to the seat of pain. Judging from your correspondent's report of his own case, I should be inclined to recommend for him, in the first instance, full doses of the syrup of iodide of iron, and the painting with iodine and collodion. If these, after being fairly tried, failed to relieve him, I should then substitute for the syrup of iodide of iron the hydrochloric solution of arsenic, either alone or in combination with the tincture of sesquichloride of iron.

I am, Sir, your obedient servant,

August 26th, 1867. AN HOSPITAL PHYSICIAN.

A Medical Officer at the East-end.—The Report of the Customs' Medical Officer, the Royal Commission on Supply of Water to the Metropolis (when published), and the Ninth Report of the Medical Officer of the Privy Council (containing Mr. Radcliffe's Report), can be obtained at Hansards, Great Queen-street, W.C. Dr. Mapother's Report is printed in the last edition of his "Lectures on Public Health," which may be obtained through Hardwicke, of 192, Piccadilly.

LETTERS on the "London Hospital Grievances" have been received from *Mr. Rivington, Mr. Ley, jun., A London Hospital Man,* and others.

CONNEXION BETWEEN GOUT AND BRONCHITIS.

To the Editor of THE LANCET.

SIR,—Will you allow me space to state that the connexion between gout and bronchitis has long been known to the profession. My old preceptor, Mr. F. Godrich, of Brompton, constantly used colchicum and alkalies, with other remedies, in the treatment of inflammations within the chest where he suspected any gouty taint. Twenty years ago, at least, Dr. Goolden pointed out in the clearest way the very frequent connexion between gout and the various inflammations within the chest—in pneumonia and pleurisy, as well as bronchitis. I have seen many such cases, so difficult to manage if the connexion with gout be overlooked, but easy enough to treat if the clue be obtained.

Yours faithfully,

The Green, Stroud, August 26th, 1867. GEORGE S. GREGORY.

P. R. S.—We are not aware of the existence of any Infants' Food Society for supplying Liebig's Food. When the husks are carefully and properly separated, the Food is entirely free from the objections mentioned by our correspondent.

S. C. W.—There is no such registered person giving the address mentioned.

PERIODS OF CONCEPTION.

To the Editor of THE LANCET.

SIR,—Since my letter on this subject appeared in your columns of the 10th instant, and as a consequence of that letter, I have been favoured with a note, stating that the required statistics will be found in Dr. Stella d's work on "London Pauperism," published this year by Saunders, Otley, and Co. I will only add that nothing could be more easy than to institute a series of experiments with such menstruating animals as monkeys, and the result of such experiments would undoubtedly throw considerable light on M. Avrard's three periods—the menorrhagic, the generic, and the hypnotic.

I am, Sir, yours faithfully,

Great Malvern, August 20th, 1867. FREDERICK SMITH.

THE MODERN CAGLIOSTRO.

A ZONAVE, of the name of Jacob, is at the present moment creating an extraordinary interest in Paris by the exercise of what is said to be mesmeric power. The newspapers state that he has been remarkably successful in the cure of various nervous affections, and go so far as to state that he raised Marshal Forey from a bed of sickness by simply looking at him. There have been so many wonderful things in modern times—table-turning, spirit-rapping, homœopathy, and mesmerism—that we are prepared for any extravagance either in "discovery" or "performance." "Time tries all," and will no doubt determine the real power of Mr. Zonave Jacob.

Quarter Century will see that in recent numbers we have given expression to some of the points advanced in his last letter.

DOES *M.R.C.S.* (Battersea) mean to impugn the accuracy of the statement? or does he wish us to publish his communication because it contains a petty, ill-natured sneer against a neighbouring practitioner?

Reformer's letter shall appear next week.

Dubious.—The commencement of his apprenticeship would date from the time the indentures were signed.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Hancock; Mr. Haynes Walton; Prof. Struthers; Dr. G. Johnson; Mr. Thos. Smith; Dr. Mapother, Dublin; Dr. Steele, Liverpool; Dr. Sedgwick; Dr. Dobell; Dr. Batho, Amesbury; Mr. T. Oaghton; Dr. Fairless; Mr. C. F. Maunder; Mr. J. P. Billing; Dr. Gibbon; Dr. Power; Mr. Richardson; Dr. Wilson; Mr. Boddington; Mr. Myers; Dr. Jamieson, Berwick; Mr. Ellis; Mr. Skipp; Dr. Newhouse; Mr. M'Leod, Edinburgh; Dr. Sargent, Launceston; Mr. Georges, West Cowes; Mr. A. Duncan, Glasgow; Mr. Bennett, Burnley; Mr. J. K. Lord; Mr. J. Williams, York; Mr. Hill; Dr. Soutar, Golspie; Mr. Horton; Mr. Lucas, Wigmore; Mr. Scott; Mr. Earlam; Mr. J. Moir, Glasgow; Mr. Holland; Dr. Colthurst; Mr. W. Armistead, Lancaster; Mr. Gordon; Dr. Owen, Dublin; Mr. Marsh, Wickhambrook; Mr. Turner, Grosmont; Mr. Parrott, Stony Stratford; Dr. Vawdrey; Mr. W. L. Roberts; Dr. Hardy, Byer's Green; Mr. T. Jones; Mr. H. Colam; Mr. Hampson; Mr. Bradford, North Petherton; Dr. Garrett; Mr. Harris; Mr. Martin; Dr. Spalding, Gorebridge; Messrs. Gilks and Co., Bristol; Mr. Bullock; Mr. Draper, York; Mr. J. Smith; Dr. Dewar, Kirkcaldy; Dr. W. T. Jones; Dr. Wallace, Carlisle; Dr. Ward, New Barford; Mr. Croke; Dr. Barder, Bristol; Mr. Cullinan, Chingleford; Mr. Oliphant, Liverpool; Mr. Potter, Lichfield; Dr. Gregory, Stroud; Dr. Provard; Dr. Woodford, Venimor; Mr. J. Grahame, Glasgow; Mr. H. P. Wilson; Dr. R. Johnson; Mr. Lloyd; Dr. Prance; Mr. E. Howard; Mr. F. F. Walrond; Mr. G. W. Thomson; Mr. T. Crondace; Mr. W. A. Bonney; Mr. J. B. Langley; Dr. Chuskerbutty; Mr. Donnelly, Dublin; Dr. M'Vail; Mr. J. Hird; Dr. H. Brown; Mr. Foy; Dr. Turner, Edinburgh; Mr. F. Buckland; Mr. Biggs, Bath; Dr. Haughey; Dr. G. Buchanan; Mr. W. Trenerry; Mr. R. Hickman; Mr. J. Hedgeland; Mr. Gibbs; Mr. W. Burnett; Dr. J. Waring-Curran; Mr. Crofts, Sleaford; Dr. Ley, South Molton; Mr. Kemp; Dr. Haughton, Dublin; Dr. Pitman; Surg. and Brev. Col. J. H. Baxter, U.S.V.; Mr. J. E. Jones, Kokomo, U.S.; Mr. E. J. Adams; Mr. Heywood; Mr. J. S. Gamgee; Mr. Boodle; Dr. Ellis; Dr. Garvin; Dr. Sumpter, Cleg-next-the-Sea; Dr. Macpratt, Liverpool; Dr. Fryer, Southport; Mr. Mayo; Dr. Malins, Cradley; Dr. Ross, Kidderminster; Mr. Mackay; Dr. Anderson; Mr. Turnbull; Dr. Palmer, Newbury; Mr. Clampett; Mr. Bowles; Mr. A. Howard, Belize; Dr. Keith, Edinburgh; Dr. Williamson; Mr. Thompson; Mr. Masters; Mr. Cooper; Dr. Philipson; Mr. Ellis, Cornborough; Dr. Hall; Mr. Maitland; Mr. Greenwood, Liverpool; Dr. Haynes, Manningtree; Mr. Walker; Dr. Griffith, Portmadoc; Dr. Horner, Redcar; Mr. Toller, Gloucester; Mr. Mead, Whitby; Mr. T. A. Lathbury; The Secretary of the Royal College of Surgeons of Edinburgh; Parisian; Medicus; X. W. F.; The Secretary of the Great Northern Hospital; F. E.; A Kentishman; M.D., Finchley; Alpha; Nemo, Bath; The Secretary of the Metropolitan Association of Medical Officers of Health; Desuper; A Medical Officer at the East-end; The Director-General of the Army Medical Department; S. W. S.; M.D.; Civil Surgeon, Bengal; The Secretary of the Edinburgh Eye Dispensary; An Hospital Physician; Bristol Royal Infirmary; The Secretary of the Royal Horticultural Society; The Military Secretary, India Office; The Secretary of the Glasgow Eye Infirmary; The Secretary of Queen's College, Galway; The Dean of the Medical Faculty of the University of Edinburgh; Scalpel; The Secretary of the Glasgow Dispensary for Diseases of Women and Children; Nervous; M.R.C.S., Battersea; The Secretary of the Royal Free Hospital; Natal; The Secretary of the Glasgow Lying-in Hospital; A Candidate; The Secretary of the Royal Orthopædic Hospital; The Secretary of King's College; M.D., Paris; The Secretary of the Highland Agricultural Society; R. S.; The Secretary of the Newcastle Medical School; &c. &c.

THE *Macclesfield Courier*, the *Gleaner* (Kingston), the *Liverpool Daily Post*, and the *Hexham Courant* have been received.

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J. L. DENMAN, 20, PICCADILLY, LONDON, W.

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PURE MONTILLA SHERRY,

free from spirit, very strongly recommended for Invalids. This wine is extremely delicate, and to those requiring tone to the system, but who cannot drink the ordinary strong wines of Spain, will be found invaluable.

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At 18s., 20s., 24s., 30s., and 36s. per dozen.

Choice Clarets, of various growths, 42s., 48s., 60s., 72s., 84s., 96s.

Good Dinner Sherry	...	...	24s., 30s., 36s.
Choice Sherries	...	...	42s., 48s., 54s., 60s.
Port, from first-class shippers	...	...	30s., 36s., 42s.
Very choice Old Port	...	...	48s., 60s., 72s., 84s.

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